

VOTE

9-10-19

NEW

BUSINESS

MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): ☒ **APPROVED** ☐ **DENIED** ☐ **N/A** ☐ **CANCELED**

Petition #: 1016 Event Name: Mexican Independence Day Celebration

Event Date: September 14, 2019

Street Closure: None

Organization Name: Consulate of Mexico in Detroit

Street Address: 1403 East 12 Mile Road Madison Heights, MI 48071

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- | | | | |
|-------------------------------------------------|------------------------------------------------|---------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input checked="" type="checkbox"/> Concert/Performance | <input type="checkbox"/> Run/Marathon |
| <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony | <input type="checkbox"/> Political Ceremony | <input checked="" type="checkbox"/> Festival |
| <input type="checkbox"/> Filming | <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> 24-Hour Liquor License | | | |

Petition Communications (include date/time)

Celebration of the Independence of Mexico located at Most Holy Redeemer Church & the adjacent parking lot from 5:00pm - 10:00pm.

**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4th Precinct will Provide Special Attention; Contracted with Securitas to Provide Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	DPW	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

ENTERED SEP 09 2019 M, T, F, under NB (RM) 2-0 (SB; RM)

CITY CLERK 2019 AUG 28 PM 4:51

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Barricades Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors Licenses Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

MAYOR'S OFFICE

Signature: B. Lushu

Date: 8-28-19

Janice M. Winfrey
City Clerk

City of Detroit
OFFICE OF THE CITY CLERK

Caven West
Deputy City Clerk/Chief of Staff

DEPARTMENTAL REFERENCE COMMUNICATION

Monday, August 5, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
POLICE DEPARTMENT FIRE DEPARTMENT
PLANNING AND DEVELOPMENT DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT RECREATION DEPARTMENT

1016 *Consulate of Mexico in Detroit, request to hold "Mexica Independence Day Celebration" at Most Holy Redeemer Church on September 14, 2019 from 5:30 PM to 9:00 PM with set up and tear down to be completed on the event date, 9-14-19.*

9/14/19

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: Mexican Independence Day Celebration
 Event Location: Most Holy Redeemer Church (1721 Junction Ave, Detroit, MI 48209)
 Is this going to be an annual event? ☒ Yes ☐ No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Consulate of Mexico in Detroit
 Organization Mailing Address: 1403 East 12 Mile Road, Madison Heights, MI 48071
 Business Phone: (248) 336-0320 Business Website: https://consulmex.sre.gob.mx/detroit/index.php/
 Applicant Name: Fernando Gonzalez Saiffe
 Business Phone: (248) 336-0320 Cell Phone: 248 632 7476 Email: comunidadesdet@sre.gob.mx
 Event On-Site Contact Person:
 Name: Jesus Gutierrez
 Business Phone: (248) 336-0320 Cell Phone: 248 632 7476 Email: comunidadesdet@sre.gob.mx

Event Elements (check all that apply)

- | | | |
|------------------------------------------------|----------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input checked="" type="checkbox"/> Concert/Performance |
| <input type="checkbox"/> Run/Marathon | <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony |
| <input type="checkbox"/> Political Event | <input checked="" type="checkbox"/> Festival | <input type="checkbox"/> Filming |
| <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Fireworks | <input type="checkbox"/> Other: _____ |

Projected Number of Attendees: 1500

Please provide a brief description of your event:

Celebration of the independence of Mexico, Event organized for the Mexican population in Southwest Detroit. There will be spaces for sellers and non-profit organizations, on the main stage, there will be bands of Mexican regional music, singers and folkloric ballet. The main act will be the official "Grito de Independencia" ceremony conducted by the Consul of Mexico in Detroit accompanied by local and state government authorities.

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date 09/14/2019 Time: 12:00 Complete Set-up Date: 09/14/2019 Time: 16:00

Event Start Date: 09/14/2019 Time: 17:30 Event End Date: 09/14/2019 Time: 21:00

Begin Tearing Down Date: 09/14/2019 Complete Tear Down Date: 09/14/2019

Event Times (If more than one day, give times for each day):
Just one day

Section 3- LOCATION/SITE INFORMATION

Location of Event: Most Holy Redeemer Church (1721 Junction Ave, Detroit, MI 48209)

Facilities to be used (Check) Street Sidewalk Park ☒ City Facility

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- | | |
|-----------------------------------|----------------------------------------|
| -Public entrance and exit | -Location of First Aid |
| -Location of merchandising booths | -Location of fire lane |
| -Location of food booths | -Proposed route for walk/run |
| -Location of garbage receptacles | -Location of tents and canopies |
| -Location of beverage booths | -Sketch of street closure |
| -Location of sound stages | -Location of bleachers |
| -Location of hand washing sinks | -Location of press area |
| -Location of portable restrooms | -Sketch of proposed light pole banners |

You will be prompted to upload these attachments upon submitting this form

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

Three groups of Mexican regional music, with interventions of 30 minutes each. Presentation of forty

Will a sound system be used? ☒ Yes ☐ No

If yes, what type of sound system? 8000 watts sound for more than 1500 people

Describe specific power needs for entertainment and/or music:

3 generators 6kw Kohler Diesel Engin, 7 microphones with stand and 8 amplifiers

How many generators will be used? 2

How will the generators be fueled?

4 Light Tower with Kohler Diesel Engine

Name of vendor providing generators:

Contact Person: Todd Varga

Address: 6677 Telegraph Rd,

Phone: (313) 291-3333

City/State/Zip Taylor, MI 48180

Section 5- SALES INFORMATION

Will there be advanced ticket sales? ☐ Yes ☒ No
If yes, please describe:

Will there be on-site ticket sales? ☐ Yes ☒ No
If yes, list price(s):

Will there be vending or sales? ☒ Yes ☐ No
If yes, check all that apply:

☒ Food ☒ Merchandise ☒ Non-Alcoholic Beverages ☐ Alcoholic Beverages

Indicate type of items to be sold:

Food, Mexican crafts, and information from non-profit organizations (free)

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: SECURITAS

Contact Person: Christopher Searcey, Branch Manager

Address: 3 Parklane Blvd. Suite 1130 West

Phone: 313.982.9243

City/State/Zip:

Dearborn, MI 48126

Number of Private Security Personnel Hired Per Shift:

6

Are the private security personnel (check all that apply):

☒ Licensed

☐ Armed

☐ Bonded

How will you advise attendees of parking options?

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

It will not affect the traffic in the area, the alternate parking of the Holy Redeemer Church will be used and the parking places allowed in the surrounding streets

Have local neighborhood groups/businesses approved your event?

☒ Yes

☐ No

Indicate what steps you have or will take to notify them of your event:

The church authorities have given their approval for the event, community organizations from southwest Detroit are also involved.

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

	How Many?	Size/Height
Booth	1	10 x10'
Tents (enclosed on 3 sides)	1	10 x 20'
Canopy (open on all sides)	15	10 x 10'
Staging/Scaffolding	1	20x20x10'
Bleachers	--	--

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person:

Address:

City/State/Zip:

Name of company providing port-a-johns, Scotty's Potties

Contact Person:

Address: 27940 Wick Rd

Phone: (734) 421-1400

City/State/Zip: Romulus, MI 48174

Name of private catering company?

Contact Person:

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. **Barricades are not available from the City of Detroit.**

Attach a map or sketch of the proposed area for closure.

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE**
- 2) EMERGENCY MEDICAL AGREEMENT**
- 3) SANITATION AGREEMENT**
- 4) PORT-A-JOHN AGREEMENT**
- 5) COMMUNITY COMMUNICATION**

AUTHORIZATION & AFFADAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

Event Name: Celebration of the independence of Mexico, **Event**
Date: _____

Event Organizer:
Consulate of Mexico in Detroit _____

Applicant Signature: _____
Date: _____

2019-08-05

1016

1016 *Petition of Consulate of Mexico in
Detroit, request to hold "Mexica
Independence Day Celebration" at
Most Holy Redeemer Church on
September 14, 2019 from 5:30 PM to
9:00 PM with set up and tear down to
be completed on the event date, 9-14-
19.*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
POLICE DEPARTMENT FIRE DEPARTMENT
PLANNING AND DEVELOPMENT DEPARTMENT
BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT RECREATION

244-139

MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): ☒ APPROVED ☐ DENIED ☐ N/A ☐ CANCELED

Petition #: 1022 Event Name: Ealk for PI: Detroit 2019

Event Date : September 21, 2019

Street Closure: None

Organization Name: Immune Deficiency Foundation

Street Address: 110 West Road Suite 300 Towson, MD 21204

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- ☒ Walkathon ☐ Carnival/Circus ☐ Concert/Performance ☐ Run/Marathon
☐ Bike Race ☐ Religious Ceremony ☐ Political Ceremony ☐ Festival
☐ Filming ☐ Parade ☐ Sports/Recreation ☐ Rally/Demonstration
☐ Fireworks ☐ Convention/Conference ☐ Other: _____
☐ 24-Hour Liquor License

Petition Communications (include date/time)

Walkathon to raise awareness for Primary Immunodeficiency Disease located on the Detroit Medical Center - Brush Mall along the sidewalk from 8:30am - 11:45am.

** ALL permits and license requirements must be fulfilled for an approval status **

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with DMC Security to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with DMC to Provide Private Physicians
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required; Event Utilizing Sidewalks
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required

ENTERED SEP 09 2019 M.T.F. under NB (RM) 2-0 (SB;RM) CITY CLERK 2019 AUG 28 PM 4:50

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Barricades Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

MAYOR'S OFFICE

Signature: B. Lusher

Date: 8-28-19

Janice M. Winfrey
City Clerk

City of Detroit
OFFICE OF THE CITY CLERK

Caven West
Deputy City Clerk/Chief of Staff

DEPARTMENTAL REFERENCE COMMUNICATION

Monday, August 5, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

DPW - CITY ENGINEERING DIVISION PLANNING AND DEVELOPMENT DEPARTMENT
MAYOR'S OFFICE POLICE DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

1022 *Immune Deficiency Foundation, request to hold "Walk for PI: Detroit 2019" beginning at 3990 John R Street on September 21, 2019 from 8:30 AM to 11:45 AM with set up and tear down to be complete on the event date, 9-21-19.*

9/21/19

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: Walk for PI: Detroit 2019

Event Location: Detroit Medical Center - Brush Mall 3990 John R Street Detroit, MI 48201

Is this going to be an annual event? ☐ Yes ☒ No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Immune Deficiency Foundation

Organization Mailing Address: 110 West Road, Suite 300 Towson, MD 21204.

Business Phone: 800-296-4433

Business Website: www.primaryimmune.org / www.walkforpi.org

Applicant Name: Mary Ann Nation-Greenwall

Business Phone: 443-564-4906

Cell Phone: 443-824-4717

Email: mnationgreenwall@primaryimmune.org

Event On-Site Contact Person:

Name: Mary Ann Nation-Greenwall/ Mary Ruehle

Business Phone: 443-564-4906

Cell Phone: 443-824-4717

Email: mnationgreenwall@primaryimmune.org

Event Elements (check all that apply)

- | | | |
|------------------------------------------------|--------------------------------------------|----------------------------------------------|
| <input checked="" type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance |
| <input type="checkbox"/> Run/Marathon | <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony |
| <input type="checkbox"/> Political Event | <input type="checkbox"/> Festival | <input type="checkbox"/> Filming |
| <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Fireworks | <input type="checkbox"/> Other: _____ |

Projected Number of Attendees: 150 - 200

Please provide a brief description of your event:

DF Walk for Primary Immunodeficiency (PI), an initiative of the Immune Deficiency Foundation, unites all members of the PI community to help create better lives for those living with these rare, chronic diseases. The dollars raised by IDF Walk for PI ensure that IDF can continue to provide educational resources and programs at no cost to individuals and families, power critical patient-focused research that will ultimately lead to cures of all types of PI, lead the way in the fight to improve diagnosis and access to treatment, and bring together the entire PI community to remind them that they are not alone.

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date 09/21/2019 Time: 06:00 Complete Set-up Date: 09/21/2019 Time: 08:00 AM

Event Start Date: 09/21/2019 Time: 08:30 Event End Date: 09/21/2019 Time: 11:45 AM

Begin Tearing Down Date: 09/21/2019 Complete Tear Down Date: 09/21/2019

Event Times (If more than one day, give times for each day):
NA

Section 3- LOCATION/SITE INFORMATION

Location of Event: Detroit Medical Center - Brush Mall

Facilities to be used (Check) Street Sidewalk ☒ Park City

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- | | |
|-----------------------------------|----------------------------------------|
| -Public entrance and exit | -Location of First Aid |
| -Location of merchandising booths | -Location of fire lane |
| -Location of food booths | -Proposed route for walk/run |
| -Location of garbage receptacles | -Location of tents and canopies |
| -Location of beverage booths | -Sketch of street closure |
| -Location of sound stages | -Location of bleachers |
| -Location of hand washing sinks | -Location of press area |
| -Location of portable restrooms | -Sketch of proposed light pole banners |

You will be prompted to upload these attachments upon submitting this form

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

Welcome Ceremony, DJ, Face Painter, Food and Sponsors for the event.

Will a sound system be used? ☒ Yes ☐ No

If yes, what type of sound system? Speakers

Describe specific power needs for entertainment and/or music:

None

How many generators will be used? None

How will the generators be fueled?
NA

Name of vendor providing generators:

Contact Person: NA- Electric power on site.

Address:

Phone:

City/State/Zip

Section 5- SALES INFORMATION

Will there be advanced ticket sales? ☐ Yes ☒ No
If yes, please describe:

Will there be on-site ticket sales? ☐ Yes ☒ No
If yes, list price(s):

Will there be vending or sales? ☐ Yes ☒ No
If yes, check all that apply:

☐ Food ☐ Merchandise ☐ Non-Alcoholic Beverages ☐ Alcoholic Beverages

Indicate type of items to be sold:

The event is free to the public

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Detroit Medical Center Hospital Security

Contact Person: Mary Ruehle

Address: Children's Hospital of Michigan

Phone: 313.806.6571

City/State/Zip:

Number of Private Security Personnel Hired Per Shift:

Are the private security personnel (check all that apply):

☐ Licensed

☐ Armed

☐ Bonded

How will you advise attendees of parking options?

Participant will have free parking in the South Deck Gates Lot on the Hospital grounds.

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?
NA

Have local neighborhood groups/businesses approved your event?

☐ Yes

☒ No

Indicate what steps you have or will take to notify them of your event:
The event is on hospital grounds

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

	How Many?	Size/Height
Booth	8-10	
Tents (enclosed on 3 sides)	0	
Canopy (open on all sides)	12	10 (10x10) 1 (20x30)
Staging/Scaffolding		
Bleachers		

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: Mary Ruehle 313.806.6571

Address: Detroit Medical Center - Brush Mall 3990 John R Street

City/State/Zip: Detroit, MI 48201

Name of company providing port-a-johns.

Contact Person: Scotty's Potties/ Bobs Sanitation

Address:

Phone: (734) 421-1400

City/State/Zip:

Name of private catering company? Costco

Contact Person:

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. **Barricades are not available from the City of Detroit.**

Attach a map or sketch of the proposed area for closure.

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE**
- 2) EMERGENCY MEDICAL AGREEMENT**
- 3) SANITATION AGREEMENT**
- 4) PORT-A-JOHN AGREEMENT**
- 5) COMMUNITY COMMUNICATION**

AUTHORIZATION & AFFADAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Mary Ann Watson-Greenwell
Mayor Ann Watson-Greenwell

07/08/2019

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

Event Name: Walk for PI: Detroit 2019 Event
Date: September 21, 2019

Event Organizer:
Immune Deficiency Foundation

Applicant Signature:

Mary Ann Watson-Greenwell
Mayor Ann Watson-Greenwell

Date: 07/08/2019

2019-08-05

1022

1022 *Petition of Immune Deficiency Foundation, request to hold "Walk for PI: Detroit 2019" beginning at 3990 John R Street on September 21, 2019 from 8:30 AM to 11:45 AM with set up and tear down to be complete on the event date, 9-21-19.*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

DPW - CITY ENGINEERING DIVISION PLANNING AND
DEVELOPMENT DEPARTMENT
MAYOR'S OFFICE POLICE DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL

345-140

MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): ☒ APPROVED ☐ DENIED ☐ N/A ☐ CANCELED

Petition #: 1024 Event Name: Greektown Street Fair

Event Date : September 28, 2019

Street Closure: Monroe

Organization Name: Greektown Preservation Society

Street Address: 1216 Beaubien Detroit, MI 48226

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- ☐ Walkathon ☐ Carnival/Circus ☒ Concert/Performance ☐ Run/Marathon
☐ Bike Race ☐ Religious Ceremony ☐ Political Ceremony ☒ Festival
☐ Filming ☐ Parade ☐ Sports/Recreation ☐ Rally/Demonstration
☐ Fireworks ☐ Convention/Conference ☐ Other: _____
☐ 24-Hour Liquor License

Petition Communications (include date/time)

The Greektown Preservation Society with host their "Greektoberfest" on Monroe Street between Randolph and St. Antoine from 12:00pm - 12:00am.

** ALL permits and license requirements must be fulfilled for an approval status **

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; Contracted with Safe Provision Security Services to Provide Private Security
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections; Contracted with Hart Medical to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROW Permit Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Health License Required

CITY CLERK 2019 AUG 28 PM 1:51

ENTERED SEP 09 2019 M.T.F. under NB (RM) 2-0 (SB; RM)

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Barricades & Traffic Control Plans Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permits Required for Tents, Stages, Generators & Electrical
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors License & Liquor License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Purchase of Parking Meters & No Parking Signs Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low Impact on Buses

MAYOR'S OFFICE

Signature: B. Ausher

Date: 8-28-19

Janice M. Winfrey
City Clerk

City of Detroit
OFFICE OF THE CITY CLERK

Caven West
Deputy City Clerk/Chief of Staff

DEPARTMENTAL REFERENCE COMMUNICATION

Monday, August 5, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

PLANNING AND DEVELOPMENT DEPARTMENT DPW - CITY ENGINEERING DIVISION
MAYOR'S OFFICE POLICE DEPARTMENT
FIRE DEPARTMENT TRANSPORTATION DEPARTMENT
MUNICIPAL PARKING DEPARTMENT BUSINESS LICENSE CENTER

1024 *Greektown Preservation Society, request to hold "Greektown Street Fair" on Monroe Street on September 28-29, 2019 from 12:00 PM to 12:00 AM each day with temporary closures of Monroe, Brush, Beaubien and St. Antoine.*

9/28/19

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: Greektown Street Fair

Event Location: Greektown- On Monroe Between Randolph and St. Antoine

Is this going to be an annual event? ☒ Yes ☐ No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Greektown Preservation Society

Organization Mailing Address: 1216 Beaubien

Business Phone: 313-300-3093

Business Website: http://greektowndetroit.org/

Applicant Name: Vivian Lee

Business Phone: 313-223-2999

Cell Phone: 734-612-2068

Email: vlee@greektowncasino.com

Event On-Site Contact Person:

Name: Vivian Lee

Business Phone: 313-223-2999

Cell Phone: 734-612-2068

Email: vlee@greektowncasino.com

Event Elements (check all that apply)

☐ Walkathon

☐ Carnival/Circus

☒ Concert/Performance

☐ Run/Marathon

☐ Bike Race

☐ Religious Ceremony

☐ Political Event

☒ Festival

☐ Filming

☐ Parade

☐ Sports/Recreation

☐ Rally/Demonstration

☐ Convention/Conference

☐ Fireworks

☐ Other: _____

Projected Number of Attendees: 2500

Please provide a brief description of your event:

Greektown Street Fair- Food, Drinks, and entertainment. Vendors to sell goods.

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date 09/28/19 Time: 08:00am Complete Set-up Date: 09/28/19 Time: 12:00pm

Event Start Date: 09/28/19 Time: 12:00pm Event End Date: 09/29/19 Time: 12:00am

Begin Tearing Down Date: 09/29/19 Complete Tear Down Date: 09/29/19

Event Times (If more than one day, give times for each day):
09/28/2019 from 12pm-12am

Section 3- LOCATION/SITE INFORMATION

Location of Event: Greektown- On Monroe between Brush and St. Antoine

Facilities to be used (Check) Street ☒ Sidewalk ☒ Park ☐ City ☐
Facility

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- | | |
|-----------------------------------|----------------------------------------|
| -Public entrance and exit | -Location of First Aid |
| -Location of merchandising booths | -Location of fire lane |
| -Location of food booths | -Proposed route for walk/run |
| -Location of garbage receptacles | -Location of tents and canopies |
| -Location of beverage booths | -Sketch of street closure |
| -Location of sound stages | -Location of bleachers |
| -Location of hand washing sinks | -Location of press area |
| -Location of portable restrooms | -Sketch of proposed light pole banners |

You will be prompted to upload these attachments upon submitting this form

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

Live Band and DJ

Will a sound system be used? ☒ Yes ☐ No

If yes, what type of sound system? Over head and stick speakers

Describe specific power needs for entertainment and/or music:

6 EV, XI1152, line array, 4-12" sub woofer, 4 power monitors, microphone w/cables, amp rack, 2 power 15"

How many generators will be used? Yes

How will the generators be fueled?
TBD

Name of vendor providing generators:

Contact Person: Party Dreams

Address: 30195 John R.

Phone: 248-688-4640

City/State/Zip Madison Hts. MI 48071

Section 5- SALES INFORMATION

Will there be advanced ticket sales? ☐ Yes ☒ No
If yes, please describe:

Will there be on-site ticket sales? ☐ Yes ☒ No
If yes, list price(s):

Will there be vending or sales? ☒ Yes ☐ No
If yes, check all that apply:

☒ Food ☒ Merchandise ☒ Non-Alcoholic Beverages ☒ Alcoholic Beverages

Indicate type of items to be sold:

Food and Beverage, arts and crafts

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Safe Provision Security Services

Contact Person: TBD

Address: 2723 S. State Street

Phone: 734-845-9654

City/State/Zip:

Ann Arbor, MI 48104

Number of Private Security Personnel Hired Per Shift:

6

Are the private security personnel (check all that apply):

☐ Licensed

☐ Armed

☐ Bonded

How will you advise attendees of parking options?

Parking available at Greektown parking garage

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?
Requesting to close Monroe St. Between Brush and St. Antoine

Have local neighborhood groups/businesses approved your event?

☒ Yes ☐ No

Indicate what steps you have or will take to notify them of your event:
Greektown merchant Association will be working with Greektown preservation society with event.

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

	How Many?	Size/Height
Booth		
Tents (enclosed on 3 sides)	3	60' x 20', 10' x 20', 20' x 40'
Canopy (open on all sides)	40	10' x 10'
Staging/Scaffolding	1	16 Sections- 20' x 24'
Bleachers		

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: TBD

Address: 220 Bagley, Suite 912

City/State/Zip: Detroit, MI 48216

Name of company providing port-a-johns: Scotties Potties

Contact Person: TBD

Address: 27940 Wick Rd

Phone: 734-421-1400

City/State/Zip: Romulus, MI, 48174

Name of private catering company?

Contact Person:

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. Barricades are not available from the City of Detroit.

Attach a map or sketch of the proposed area for closure.

STREET NAME: Monroe

FROM: Randolph TO: St. Antoine

CLOSURE DATES: 09/28/19 BEG TIME: 7:00am END TIME:

REOPEN DATE: 09/29/19 (12:00am) TIME:

STREET NAME: Brush St

FROM: Macomb TO: Lafayette

CLOSURE DATES: 09/28/19 BEG TIME: 7:00am END TIME:

REOPEN DATE: 09/29/19 (12:00am) TIME:

STREET NAME: Beaubien St.

FROM: Macomb TO: Lafayette

CLOSURE DATES: 09/28/19 BEG TIME: 7:00am END TIME:

REOPEN DATE: 09/29/19 (12:00am) TIME:

STREET NAME: St. Antoine.

FROM: Macomb TO: Lafayette

CLOSURE DATES: 09/28/19 BEG TIME: 7:00am END TIME:

REOPEN DATE: 09/29/19 (12:00am) TIME:

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME:

REOPEN DATE: _____ TIME:

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE**
- 2) EMERGENCY MEDICAL AGREEMENT**
- 3) SANITATION AGREEMENT**
- 4) PORT-A-JOHN AGREEMENT**
- 5) COMMUNITY COMMUNICATION**

AUTHORIZATION & AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.


Vivian Lee
City of Detroit, Michigan 48201-2000

07/26/2019

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

Event Name: Greektown Street Fair Event
Date: 07/26/19

Event Organizer:
Vivian Lee

Applicant Signature: 
Date: 07/26/2019

2019-08-05

1024

1024 *Petition of Greektown Preservation Society, request to hold "Greektown Street Fair" on Monroe Street on September 28-29, 2019 from 12:00 PM to 12:00 AM each day with temporary closures of Monroe, Brush, Beaubien and St. Antoine.*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

PLANNING AND DEVELOPMENT DEPARTMENT DPW -
CITY ENGINEERING DIVISION
MAYOR'S OFFICE POLICE DEPARTMENT
FIRE DEPARTMENT TRANSPORTATION DEPARTMENT
MUNICIPAL PARKING DEPARTMENT BUSINESS

4 46 141

MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): ☒ APPROVED ☐ DENIED ☐ N/A ☐ CANCELED

Petition #: 1059 Event Name: Outer Limits Party

Event Date: September 28, 2019

Street Closure: None

Organization Name: Founders Brewing Company

Street Address: 456 Charlotte Street Detroit, MI 48201

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- | | | | |
|-------------------------------------------------|------------------------------------------------|----------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance | <input type="checkbox"/> Run/Marathon |
| <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony | <input type="checkbox"/> Political Ceremony | <input checked="" type="checkbox"/> Festival |
| <input type="checkbox"/> Filming | <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> 24-Hour Liquor License | | | |

Petition Communications (include date/time)

Founders Brewing Company will host an outdoor community festival at their located & adjacent patio from 12:00pm - 11:00pm.

**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with Prostar Professional Service Group to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	DPW	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required

ENTERED SEP 28 2019 M.T.F. under NB (RM) 2-0 (SB; RM)

CITY CLERK 2019 AUG 28 PM 4:51

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Barricades Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Purchase of Parking Meters Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

MAYOR'S OFFICE

Signature: B. Aushen

Date: 8-28-19

City of Detroit
OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Andre P. Gilbert II
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Thursday, August 29, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE POLICE DEPARTMENT
FIRE DEPARTMENT DPW - CITY ENGINEERING DIVISION
PLANNING AND DEVELOPMENT DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

1059 *Founders Brewing Company, request to hold "Outer Limits Party" at Founders Brewing Company Parking Lot on September 28, 2019 from 12:00 PM to 12:00 am with setup on 9/27/19 and teardown to be completed on the event date 9/28/19.*

1059

9/28/19

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: Outer Limits Party

Event Location: Founders Brewing Company Parking Lot

Is this going to be an annual event? ☒ Yes ☐ No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Founders Brewing Company

Organization Mailing Address: 456 Charlotte Street, Detroit, MI 48201

Business Phone: _____ Business Website: www.foundersbrewing.com

Applicant Name: Joseph Choma

Business Phone: (313) 335-3440 Cell Phone: 313-402-7880 Email: joe@grandcircusmedia.com

Event On-Site Contact Person:

Name: Joe Choma

Business Phone: _____ Cell Phone: 313-402-7880 Email: joe@grandcircusmedia.com

Event Elements (check all that apply)

- | | | |
|------------------------------------------------|----------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance |
| <input type="checkbox"/> Run/Marathon | <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony |
| <input type="checkbox"/> Political Event | <input checked="" type="checkbox"/> Festival | <input type="checkbox"/> Filming |
| <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Fireworks | <input type="checkbox"/> Other: _____ |

Projected Number of Attendees: 1,000

Please provide a brief description of your event:

One day outdoor music and community festival with a portion of proceeds to benefit Gleaners in the parking lot of Founders Taproom

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date : 9/27/19

Time: 8:00 PM

Complete Set-up Date: 9/27/19

Time: 10:00 PM

Event Start Date: 9/28/19

Time: 12:00 PM

Event End Date: 9/28/19

Time: 12:00 AM, music done at 11 PM

Begin Tearing Down Date: 9/28/19

Complete Tear Down Date: 9/28/19

Event Times (If more than one day, give times for each day):

Section 3- LOCATION/SITE INFORMATION

Location of Event:

Facilities to be used (circle): Street
Facility Business Parking Lot

Sidewalk

Park

City

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

-Public entrance and exit
-Location of merchandising booths
-Location of food booths
-Location of garbage receptacles
-Location of beverage booths
-Location of sound stages
-Location of hand washing sinks
-Location of portable restrooms

-Location of First Aid
-Location of fire lane
-Proposed route for walk/run
-Location of tents and canopies
-Sketch of street closure
-Location of bleachers
-Location of press area
-Sketch of proposed light pole banners

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

Two local DJ's, a local band, and Jessica Hernandez & the Deltas

Will a sound system be used?

☒ Yes ☐ No

If yes, what type of sound system?

Ground stacked PA two full range cabinets over two subwoofers on each side.
2xJBL725, over 2xJBL728

Section 5- SALES INFORMATION

Will there be advanced ticket sales?

☒ Yes ☐ No

If yes, please describe:

Will there be on-site ticket sales?

☒ Yes ☐ No

If yes, list price(s):

Will there be vending or sales?

☒ Yes ☐ No

If yes, check all that apply:

☒ Food

☒ Merchandise

☒ Non-Alcoholic Beverages

☒ Alcoholic Beverages

Indicate type of items to be sold:

Will there be food trucks? ☐ Yes ☒ No

If yes, please list how many:

Will there be a charge for parking? ☐ Yes ☒ No

If yes, please describe the amount:

How will you advise attendees of parking options? Through social media and email list correspondence

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Prostar Professional Service Group

Contact Person: Michael Whittiker

Address: 26606 Southfield Rd

Phone: 734-323-1679

City/State/Zip: Lathrup Village, MI 48076

Number of Private Security Personnel Hired Per Shift: Five

Are the private security personnel (check all that apply):

☒ Licensed

☐ Armed

☒ Bonded

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

Additional traffic to the area with some sound carryover. Event is being held within the confines of private parking lot.

Have local neighborhood groups/businesses approved your event?

☒ Yes ☐ No

Indicate what steps you have or will take to notify them of your event:

Posters in the neighborhood, email correspondence, social media

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

Describe specific power needs for entertainment and/or music. If generators will be used, described how many and how they will be fueled:

One - 30kW generator to be used to provide power to the stage. It will not require additional fueling other than the original fuel provided by Michigan

Cat. The rest of the power will be run from the building.

Name of vendor providing generators: Contact Person: Aaron Suzore

Address: 19500 Dix-Toledo Hwy

Phone: 734.756.7927

City/State/Zip Brownstown Twp, MI 48183

How Many? One

Size/Height 30kW

Booth

Tents (enclosed on 3 sides)

Canopy (open on all sides)

Staging/Scaffolding

Bleachers

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services? N/A

Contact Person: N/A

Address:

City/State/Zip:

Name of company providing port-a-johus. Scotty's Potty's

Contact Person: Lori Proctor - Scotty's Potty's

Address: P.O. BOX 530845

Phone: 734-421-1400

City/State/Zip: Livonia, MI 48153

Name of private catering company? N/A

Contact Person:

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. **Barricades are not available from the City of Detroit.**

Will there be street closures? ☐ Yes ☒ No

If yes, please complete the street closure information below and attach a map or sketch of the proposed area for closure.

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

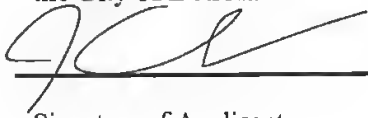
REOPEN DATE: _____ TIME: _____

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE**
- 2) EMERGENCY MEDICAL AGREEMENT**
- 3) SANITATION AGREEMENT**
- 4) PORT-A-JOHN AGREEMENT**
- 5) COMMUNITY COMMUNICATION**

AUTHORIZATION & AFFADAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.



8/8/19

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

(Please Print)

Event Name: Outer Limits Party Event

Date: 9/28/19

Event Organizer:
Joseph Choma

Applicant Signature: 

Date: 8/8/19

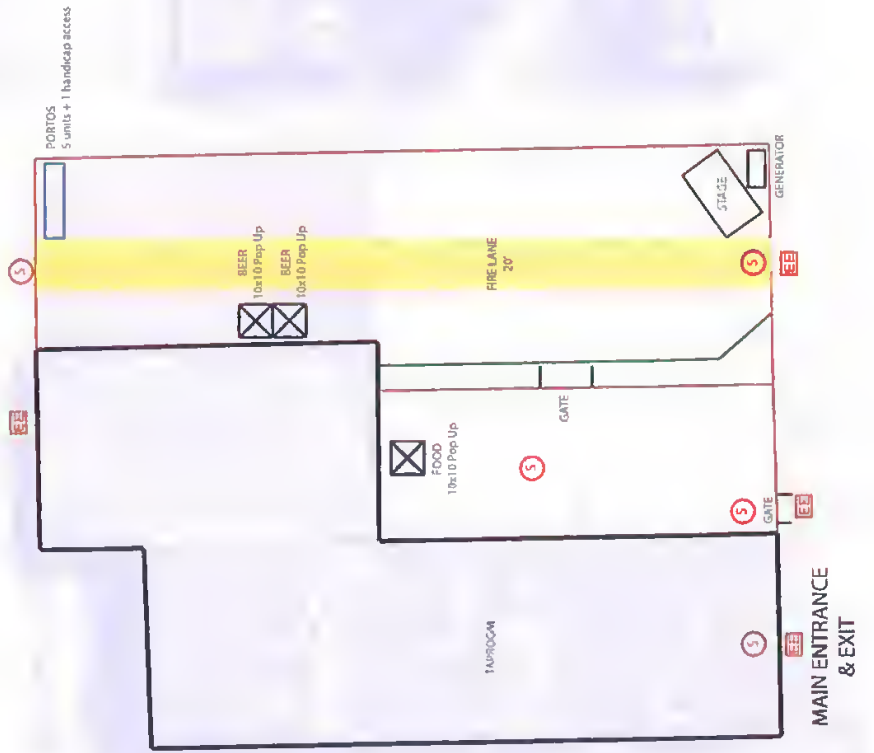
OUTER LIMITS PARTY - FOUNDERS TAPROOM - 9/28/19

KEY

EXISTING 6' IRON FENCE or 6' CHAIN LINK

SECURITY (S)

EMERGENCY EXIT (EE)



OUTER LIMITS PARTY
EVENT SAFETY PLAN

FOUNDERS BREWING CO.
SEPTEMBER 28, 2019

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Introduction

Outer Limits Party will take place at Founders Brewing Co. in Detroit, Michigan. The goal of the event safety plan is to consolidate all information to ensure proper planning and coordination between Grand Circus / Founders Brewing Co., select staffing providers, and the City of Detroit. Four specific plans are included below to summarize each area.

Security Plan

Event security staff will consist of private non-commissioned security guards who are licensed and certified in the State of Michigan by Prostar Professional Services Group. Grand Circus and Founders Brewing Co. will manage and oversee security management services to implement the security plan.

Entry / Exits

Upon entry into the event, each patron will be processed through secure perimeter and a search of their personal effects for prohibited items. A list of prohibited items is posted on the website and at each entrance. No weapons or alcoholic beverages are permitted. The contracted private security company will do all patron searches. When deemed necessary, blowout gates can be opened to increase the number of exit points throughout the event footprint.

Security Response Teams

Teams comprised of mobile security guards that maintain radio communication with Grand Circus / Founders Brewing Co. and other essential departments. They are tasked with responding to any situation requiring their attention throughout the event grounds. The security response teams will monitor suspicious activities, check fence lines, and other tasks as designated. Response teams will be equipped to dispatch immediate medical or law enforcement assistance at all times.

Perimeter Fencing

The venue perimeter fence will be established and secured by 6' or 8' chain link fence panels or existing cast iron permanent fence; temporary fence panel segments are 6'/8' high x 12' wide. This panel fencing can be opened at each connecting point should the need arise. Event

security staff patrols the fence line. Portion of the fence line will act as working gates and all working gates will be manned during all event hours.

Restricted Areas and Back of House

The event grounds are general admission for all patrons. Barricades, bike rack, and fence are used to delineate between patron areas and back of house secured areas. Security staff is also utilized at checkpoint entrances to back of house. Staff members are instructed to display appropriate badges and/or wristbands to security for their inspection to gain access.

Weather Plan

The event weather plan describes the responsibilities of key event staff and city officials in the event of an emergency. The event is subject to all types of emergency situations, including, but not limited to weather, fire and civil disturbance. Township officials are in overall command of any emergency. A command post will be set up inside the orchard offices.

Emergency Team

The event emergency team will be made up of the following persons, who will report to the Command Post in the event of an emergency.

Joe Choma	Event Producer	313-402-7880	joe@grandcircusmedia.com
Lauren Metcalf	Founders Event Mgr	313-580-1915	metcalf@foundersbrewing.com
Dominic Ryan	Founders GM	616-293-2399	ryand@foundersbrewing.com
Michael Whittiker	Security Provider	734-323-1679	
Chris Hines	Production Mgr.	734-476-2433	onsight75productions@me.com

The emergency team will take the necessary steps, as detailed within this plan to ensure the safety of all persons in the event of an emergency. The team will also determine what steps are needed to make the event ready for operation following the emergency.

Team Responsibilities During Emergency

1. Security Manager

- a. Staff command post
- b. Liaise with producers and event director to determine existing threat level and necessary actions required
- c. Inform all city services of situation and determine next steps

2. Police Department Personnel

- a. If needed, direct vehicular and pedestrian traffic to facilitate evacuation to determined location(s)
- b. Shift/remove barricades as instructed
- c. Set up advance teams and communications at evacuation sites, if needed
- d. Provide support with evacuation procedures and maintain order
- e. Direct bomb threat operations

3. Fire Department Personnel

- a. Maintain fire control
- b. Direct hazardous materials operations

4. EMS and Medical Personnel

- a. Patient treatment
- b. Transport injured persons as needed

5. Production Team

- a. Manage stage operations and vendors
- b. Inform stage managers of situation and discuss next steps
- c. Secure production equipment
- d. Shut down electricity as required, ensuring all announcements have been made prior to disconnect

6. Operations Team

- a. Manage site operations and vendors
- b. Inform crew and food/merchandise/bar management of situation and discuss next steps
- c. Secure site equipment
- d. Prepare and facilitate fence openings at Emergency exit points as needed

7. Security Provider Lead (Prostar Professional Services Group)

- a. Manage security operations and vendors
- b. Inform security agents, guards, and gate staff of situation and discuss next steps
- c. Maintain contact with volunteers and event staff during evacuation to:
 - i. Assist and direct patrons to nearest exit
 - ii. Report any injuries of staff or patrons to supervisor

Levels of Emergency Situations and Actions

Producer of the event will have the authority to authorize an information alert and/or an emergency alert. Security Director and/or Producers and Event Director can receive direction from the police, fire department, or OEMC safety officials regarding the suspension of event operations, an evacuation and/or resumption of event facilities.

Two levels of emergency situations will be utilized.

Information alert requires information distribution and serves as an advanced warning towards approaching inclement weather. The information alert doesn't typically require any action by event staff, vendors, or the public.

Emergency alert requires action by most, if not all, people at the event.

Information Alert – Approaching Weather

- Situation – If rain or other weather is moving toward the area, which may or may not impact the event, an information alert is issued by the Command Post.
- Action – If this situation occurs, the following will take place
 - Command Post will notify Emergency Team members of the specific situation and message an information notice only. Typically, no action is required.

- An ALL CALL transmission will go out to all radio users informing them of the alert in a clear and succinct manner. Updates will be messaged every 30 minutes until the alert is waived off.

Information Alert – Weather Delay

- Situation – If moderate rain will likely occur at event site and causes a delay in operations, an alert will be issued by the Command Post.
- Action – If this situation occurs, the following will take place.
 - Command Post will be established
 - Emergency Team will determine course of action and craft an information notice.
 - Command Post will notify Production manager to have stage manager make a weather delay announcement in affected areas.
 - Production and Site Managers will secure electrical equipment as required.
 - If required, an ALL CALL transmission will go out to all radio users informing them of the alert in a clear and succinct manner. Updates will be messaged out every 15–30 minutes until the alert is cancelled

Emergency Alert – Weather Evacuation

- Situation – If a potentially severe storm (to include high winds, lightning and/or hail) or another potentially dangerous situation is predicted to affect event site, an Emergency Alert will be issued by the Command Post.
- Action – If this situation occurs the following will take place.
 - Command Post will be established
 - Emergency Team will determine need for site evacuation and craft an emergency alert.

- Course of action must provide designated evacuation corridors and destinations
 - Proper communications to event staff for an organized evacuation
 - Clear guidelines on process and execution of evacuation
- An ALL CALL transmission will go out to all radio users informing them of the alert in a clear and succinct manner. Updates will be messaged out every 15 minutes until the alert is waived off.
 - Production manager will direct staging/structure vendors to implement wind action plans at each structure and have area managers make Weather Evacuation announcements on all PA systems.
 - Food/Merchandise/Bar vendors should secure equipment, inventory, and cash immediately after receiving the Emergency Alert. All Front of House staff will be required to leave the site and assist by encouraging others to do so.
 - Patrons will be directed to the nearest exit by event staff.
 - Police will direct vehicular and pedestrian traffic according to their assigned stations.
 - Event staff with radios will report to Command Post (by radio or cell phone) when evacuation is complete.

Sample Announcements To Patrons

1. Weather Delay – “We have been informed that light to moderate rain is on its way to this area. We are not expecting a severe storm, but we may delay the event temporarily due to rain. Please hang tight.”
2. Weather Evacuation – “We have received warning from the National Weather Service that potentially dangerous storm is possibly on its way to this area. We have been asked by local authorities to evacuate the event site. Please clear away from trees and any structure and calmly head to the nearest exit and follow direction from event staff and police. The event will reopen as soon as the

storm has passed and conditions are safe. Once again, calmly head to the nearest exit. Thank you for your cooperation."

The Command Post will make staff announcements on all event radio channels at the direction of the Emergency Team to declare an Information Alert or Emergency Alert. Because the general public may hear these announcements, care should be taken to communicate only the required information in a calm manner.

All Call Radio Transmission should be as follows:

"Attention all personnel, stand by for an announcement..."

"Attention all personnel, stand by for an announcement..."

"Attention all personnel, we are currently under an Information Alert / Emergency Alert..."

"Please report to your area of responsibility and provide the following information to vendors, entertainment, etc. in your assigned areas..."

General Instructions

1. All personnel must remain on their assigned radio channel unless directed by Command Post.
2. Command Post is to make status announcements on all radio channels in use as needed at least every 30 minutes during an Information Alert and every 15 minutes during an Emergency Alert.
3. Do not talk on the radio unless you have something to report or ask relating to the emergency. Do not ask for weather reports. The Command Post will keep you informed as information becomes available. Do not report weather conditions you can't personally see. Do not report information from outside sources.
4. Report to your assigned area.
5. Report to Command Post (by radio) or your supervisor once your assignment has been carried out.
6. Report to Command Post (by radio) when your area has been evacuated and secured for weather. This can be completed as you are going to a shelter.

7. Do not go to Command Post unless instructed.
8. Report any damage to equipment, injuries or dangerous situations you encounter after the emergency is over.

Evacuation Shelter Sites

In the event of severe weather, patrons should seek shelter in the following locations:

1. Inside the Taproom
2. Personal Vehicles

Weather Monitoring

Grand Circus / Founders Brewing Co. will maintain a weather monitoring post in the Command Post inside the Founders Brewing Co. offices.

High Wind Action Plan

Each structure maintains a high wind action plan tailored to its specific needs. Certain actions will be triggered by observed (or predicted) wind speeds, which include, but are not limited to, removal of soft goods and scrims, lowering of video and audio, raising or lowering lighting trusses and evacuation process. Meeting with each area manager, structure-specific vendors, and local labor will ensure that all necessary actions are understood at every stage prior to doors opening.

Medical and Fire Plan

The goal of the event medical staff is to provide quality and safe medical care to the patrons, staff, volunteers, and working personnel and to reduce the potential for serious/life threatening injuries. Direct coordination is imperative with all city services organizations, local hospitals, event organizer and the provider to ensure the goal is achieved.

Medical Emergencies

All requests for medical assistance must be communicated to Command dispatch via staff radio. Medical response will be determined by dispatching the closest available team member to the location of the person needing attention.

Medical Incident Report Procedure

- A staff member or security shall stay with the patient at all times until care is transferred to medical personnel.
- Contact Medical channel and relay the nature of the injury and location of the injured person. When possible, try to provide the closest pole marker, grid location, or landmark.
- Communicate patient information only to Medical personnel. Do not violate HIPAA laws by relaying information to anyone outside of the above personnel.

Services Provided

Call 9-1-1 for medical emergency's

Coordinated Support

If required, Detroit Fire will respond to the event. Paramedic units will be directed to arrive to the gate on Charlotte Street.

All requests for fire assistance/response must be communicated to the:

- Command Post (where festival security is in direct contact with Fire personnel)
- Any on-site uniformed Police officers (who are in direct contact with Fire personnel).

Major Incident Plan

Structural or Equipment Injury / Death

In the case of a major incident involving structural or equipment malfunction causing injury or death, the following steps will be taken:

- Nearest person to incident notifies Command dispatcher on the DISPATCH channel
- Medical Incident Reporting Procedure goes into effect
- Events Director and Producers are notified
- Emergency Team will convene in Command Post to review next steps
- If festival should be suspended due to incident, evacuation protocol goes into effect:

- An ALL CALL transmission will go out to all radio users informing them of the alert in a clear and succinct manner. Updates will be messaged out every 15 minutes until alert is waived off.
- Vendors should secure equipment, merchandise, and cash immediately after receiving the emergency alert. All front of house staff will be required to leave the site and assist by encouraging others to do so.
- Patrons will be directed to the nearest exit by the event staff.
- Police will direct vehicular and pedestrian traffic according to their assigned stations.
- Event staff with radios will report to Command Post (by radio or cell phone) when evacuation is complete.

Sample Major Incident Announcement to Patrons

Evacuation – “This is an event evacuation. We have been asked by Detroit Police Department to evacuate the event site. Please calmly head to the nearest exit and follow directions from event staff and police. The event will reopen when conditions are safe. Once again, calmly head to the nearest exit. Thank you for your cooperation.”

Act of Terrorism

In case of a major event involving an act of terrorism the following steps will be taken:

- Nearest person to the incident notifies Command Post on SECURITY channel and the Emergency Team is notified
- In the event of an attack, local authorities are in charge and will take the lead in communicating.
- The radio will be used to alert team members of the incident and its location
- Evacuation plan goes into effect:
 - An ALL CALL transmission will go out to all radio users informing them of the alert in a clear and succinct manner. Updates will be messaged out every 15 minutes until alert is waived off.
 - All event staff should clear the incident area.
 - Patrons will be directed to the nearest exit by event staff.

- Police will direct vehicular and pedestrian traffic according to their assigned stations
- Social Media team will monitor online communication and inform the Event Director of any potential issues arising

BOBS SANITATION SERVICE, INC

SCOTTY'S POTTIES

P.O. BOX 530845

LIVONIA, MI 48153

Ph: (734) 421-1400 Fax: (734) 946-7382

Email: emailus@scottyspotties.net



Invoice

Billing Address
GRAND CIRCUS 971 LAKEPOINTE ST GROSSE POINTE PARK, MI 48230

Service Address
GRAND CIRCUS FOUNDERS TAPROOM 456 CHARLOTTE DETROIT, MI 48201

Phone: (313) 402-7880

Fax: 0

Due Date	Cust #	Site #	Date	Clerk	Terms	P.O.#	Invoice #	Page
10/7/2019	GRANDCIRCUS	25396	9/27/2019	LP	NET10		A-175014	Page 1 / 1

DESCRIPTION	RATE	QTY	AMOUNT
9/27/2019 FIVE SPECIAL EVENT UNITS WITH HAND SANITIZER-Work Order No=70271	75 00	5	375 00
9/27/2019 ONE PHYSICALLY CHALLENGED UNIT WITH HAND SANITIZER-Work Order No=70271	110 00	1	110 00
9/27/2019 ONE HAND WASH STATION-Work Order No=70271	125 00	1	125 00
			610 00
			Paid Amt 0 00
			Adjustment Amt 0 00
			Balance 610.00

THANK YOU FOR DOING BUSINESS WITH US!

Thank You!

Statement as of 8/13/2019	Future: 610 00	Current: 0 00	30 Day: 0 00	60 Day: 0 00	90 Day: 0 00	Total Due: 610.00
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Please detach here and return the bottom portion with your payment.

Div A Cust # GRANDCIRCUS Site #:25396 Invoice # 175014

From GRAND CIRCUS
971 LAKEPOINTE ST
GROSSE POINTE PARK, MI 48230

Do we have your correct
email? JOE@GRANDCIRCUSMEDIA.COM

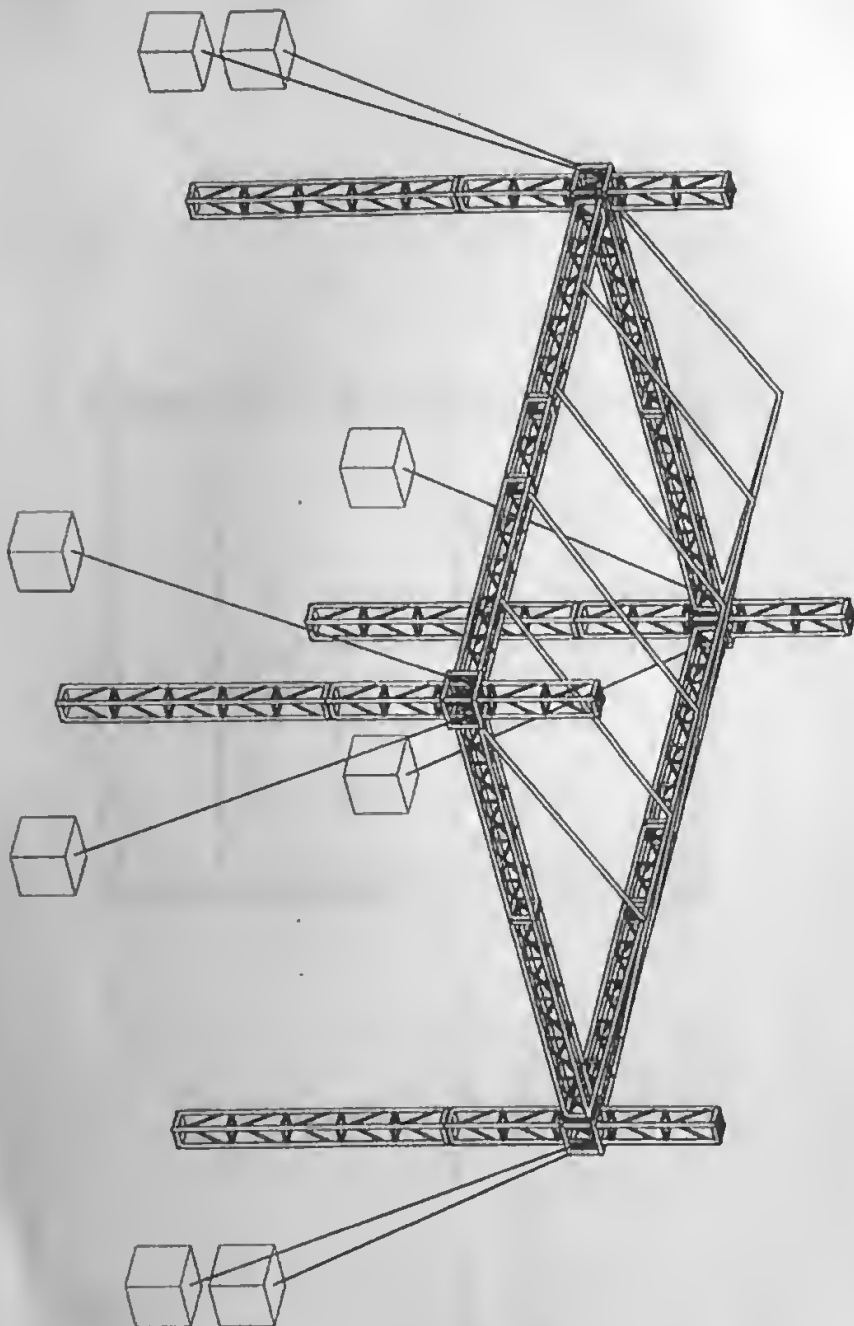
To BOBS SANITATION SERVICE, INC
SCOTTY'S POTTIES
P O BOX 530845
LIVONIA, MI 48153

__ VISA _ M/C _ DISCOVER _ AMEX		<input type="checkbox"/> Check Enclosed
If paying by Credit Card, please fill out below		Invoice Balance 610.00
Card Number		Previous Balance 0.00
Exp. Date	CVC Code	Total Due 610.00
Choose One: <input type="checkbox"/> 1 Time Charge <input type="checkbox"/> Charge Monthly		
Signature		Amount Paid

If credit card address different from billing address above, please write in below.

All invoices more than 30 days old are charged a late fee of 1.5% per month or 18% per year

Jensen Stage

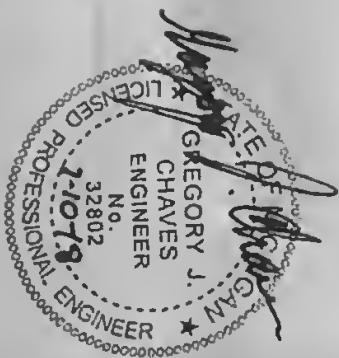


Note:

Stage roof must be lowered if wind speed is expected to exceed 45 mph

12" Standard Truss - 6061 T6 Aluminum

1200# Concrete Ballast (2 each corner)



This drawing is the property of Jensen Stage, Inc. and is not to be reproduced without written permission.

JOB NO.:

SHEET NO.:

Offer Number: AS190808

August 8, 2019

Joe Choma
Grand Circus Media
Via Email: joe@grandcircusmedia.com
Phone: 313.402.7880

Project Location: Founders Brewing in Detroit, MI
Estimated Delivery: Customer pick up Friday, September 27th

Dear Joe Choma:

Thank you for your interest in services provided by Michigan CAT. I am pleased to submit the following offer to provide equipment as outlined below for your project Founders Brewing in Detroit, MI.

Equipment - rates reflect quantities

<u>Qty</u>	<u>Description</u>	<u>Shift</u>
1	30kW portable Cat diesel generator @ 208v 3 phase	Single
1	Ground rod, cable and clamp	
1	Set of 2/5 female cam lock tails	
1	50' section of 2/5 cam lock cable	
Total:		\$550.00 plus fuel and tax

Environmental Fee	\$11.00 per invoice
Round Trip Freight (if required)	Cost plus 20%
Labor (if required)	\$162.00 per hour straight time \$200.00 per hour overtime

Shift Details - The above rates reflect the following operational shift criteria:

Stand By: Up to 2 hours/day, 10 hours/week and 40 hours/month
Single: Up to 8 hours/day, 40 hours/week and 160 hours/month
Double: Up to 16 hours/day, 80 hours/week and 320 hours/month. (1.5 times the single shift rate)
Triple: Allows unlimited operation. (2 times the single shift rate)

Michigan CAT will support this project with a trained staff of technical personnel available 24 hours a day, seven days a week. Local service will be supplied from one of our seven locations; we will dispatch from our central command post in Novi, Michigan — (888) CAT-RENT.

Prior to your final decision, we would like to discuss any concerns or other options we have submitted further. While we would like to be your chosen provider, we also want to ensure we can do the job properly and to your satisfaction.

www.michigancat.com

Novi • Shelby Twp. • Grand Rapids • Saginaw • Lansing
Kalkaska • Brownstown Twp.

Additional Costs

A. Freight - Charges to deliver the load(s) of equipment and accessories to your project located at Founders Brewing in Detroit, MI and pick up at the conclusion of the project have not been quoted. It should be noted that all lifting (if required) of our equipment must be supplied by your company and that any delays during delivery or pick up may result in additional freight charges

B. Labor – Any set up, start up, tear down or service calls will be charged at the following rates:

- 162.00 per hour straight time (Monday - Friday 7 am – 4 pm)
- 200.00 per hour over time (After 4 pm Monday – Friday, weekends and holidays)

Parking Fees will be charged at cost plus 10%. An environmental fee charge of 5 % will be added to all labor charges.

C. Fuel - Our equipment will be shipped **7/8 full of diesel fuel** unless otherwise communicated. We are pleased to offer our on-site refueling service at a cost plus 20% for this project, if required. An after-hours delivery charge will apply per delivery (minimum of 4 hours at \$140 / hour). Any fuel used and not returned will be charged \$7.00 per gallon.

D. Site Maintenance - It is the responsibility of Grand Circus Media to maintain and service our equipment while on-site. Routine maintenance or service includes daily equipment checks, changing all filters, (including oil, air, and fuel filters) and changing oil when needed. Our diesel driven equipment needs to be serviced every 250 hours of operation. The customer or approved contractor may perform the required service with suitable training if approved by Michigan CAT prior to servicing. Michigan CAT will perform this routine maintenance at above labor rates plus parts and travel.

E. Accessories - Michigan CAT offers a full line of accessories including cable, distribution equipment, transformers, extended run fuel tanks, etc. Any missing or damaged equipment will be billed accordingly.

Grand Circus Media Responsibilities and Conditions

Grand Circus Media will be responsible for obtaining any relevant operating permits, the payment of all local and state taxes, installation of grounding rods and specialized labor. Michigan CAT excludes all labor for electrical terminations to customer's facility; this is the customer's responsibility to hire the appropriate electrical contractor.

Grand Circus Media will be also responsible to have updated General Liability Insurance and Physical Damage Coverage for rented equipment. If Physical Damage Coverage cannot be provided, a Loss Damage Waiver (LDW) of 14% will be charged per invoice.

All services provided by Michigan CAT are subject to our Terms and Conditions. This document is provided online at: <http://www.michigancat.com/rental/terms-and-conditions> alternatively, a copy will be provided upon request. Customer accepts and acknowledges receipt thereof by these methods. Michigan CAT will accept no alternative terms and conditions.

Proprietary

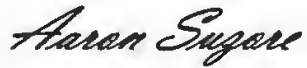
Michigan CAT, as a benefit to you, has developed the ideas and concepts detailed in this offer on August 8, 2019. These are considered by Michigan CAT to be confidential and proprietary. These ideas and concepts remain the sole property of Michigan CAT. Grand Circus Media acknowledges and agrees to honor our proprietary right to the contents of this offer and refrain from disclosing such content or any information to any third party, without the prior written consent of Michigan CAT Power Systems. Any unauthorized use of these ideas and concepts is strictly prohibited.

Payment & Validity Terms

Pending further review at the time of order, payment terms are Net 30. All monthly pricing based on a 28 day billing cycle. The terms of this offer are valid for 30 days and are contingent upon equipment availability.

In conclusion, we trust our offer and various options meet with your present requirements, and we look forward to further discussions with you in the very near future. Please feel free to call me with any questions.

Best Regards,

A handwritten signature in black ink that reads "Aaron Suzore". The signature is written in a cursive, flowing style.

Aaron Suzore
Michigan Cat – Power Systems Division
Rental Account Manager
Mobile: 734.756.7927
Aaron.Suzore@MichiganCat.com



Shown with optional trailer

**STANDBY
PRIME**

**30 kW
27 kW**

60 Hz

Voltage	Standby kW (kVA)	Prime kW (kVA)
208/120V	30 (37.5)	27 (33.8)
480/277V	30 (37.5)	27 (33.8)
240/120V	26.5 (26.5)	24 (24)

FEATURES

EPA TIER 4 AND CARB CERTIFIED FOR NON-ROAD MOBILE APPLICATIONS

SOUND ATTENUATED ENCLOSURE

- The fully weatherproof enclosures incorporate internally mounted exhaust silencers.
- Highly corrosion resistant construction.
 - Body made from sheet steel components pretreated with zinc phosphate prior to polyester powder coating at 200° C (392° F)
 - Black stainless steel padlockable latches.
 - Zinc die cast hinges/grab handles.
- Excellent access for maintenance.
 - Two large doors on each side. Two rear doors for distribution/control panel.
 - Front panel for air discharge box access.
 - Lube oil and cooling water drains piped to exterior of the enclosure.
- Security and safety.
 - Safety glass control panel viewing window in a lockable access door.
 - Cooling fan and battery charging alternator fully guarded.
 - Fuel fill and battery can only be reached through lockable access doors.
- Transportability.
 - Tested and certified single point lifting eye.
 - Lifting points on baseframe.

ROBUST DESIGN FOR RENTAL ENVIRONMENT

- Packages designed to survive in a rugged environment.

DISTRIBUTION PANEL

- Switchable voltage from 480/277V 3-phase to 240/139V 3-phase (adjustable to 208/120V 3-phase), 240/120V single phase.*

REAR CUSTOMER ACCESS

- Access through two doors.
- Separate control panel access.
- Separate connection console.
- Hinged door over main connectors.
- Emergency stop on panel.

ENVIRONMENTALLY FRIENDLY DESIGN

- EPA Tier 4 off-highway compliant engine.
- UL single walled fuel tank base with 24 hour minimum fuel supply.

OPTIONS

- AH1H – Anti-condensation heater 110-120 volt AC
- WHH – Coolant heater 110-120 volt AC
- LOLR – Lube oil make-up system with REN automatic leveller
- Double wall fuel tanks
- Battery charger
- Hydraulic or Electrical Brake Trailer
- PFT – 0.8 pF test

* Refer to distribution panel specifications for details.

STANDARD FEATURES

1. ENGINE

Heavy duty industrial EPA Tier 4 compliant diesel engine.

1.1 Governor

Electronic

1.2 Electrical System

12 volt DC. Energized to run shutdown solenoid. Oil pressure and coolant temperature/level shutdown switches and gauge senders.

1.3 Derates

Genset power derates will be required in accordance with engine manufacturers above 30° C (86° F).

2. COOLING RADIATOR

Radiator and cooling fan complete with protection guards, designed to cool the engine in ambient temperatures up to 49° C (120° F).

3. ENGINE FILTRATION SYSTEM

Cartridge type dry air filters with restriction indicator. Racor fuel filter in addition to engine filter. Cartridge type fuel filters and full flow lube oil filters. All filters have replaceable elements.

4. EXHAUST SYSTEM

Critical silencer with flexible connector. All internal pipework lagged.

5. ELECTRICAL SYSTEM

12 volt system with battery charging alternator, and starter motor on engine, battery rack mounted on the generator set baseframe and optional battery charger mounted on control panel. Battery rack will accept a variety of battery sizes. Includes Cat maintenance free 880CCA Battery.

6. GENERATOR

Screen protected and drip-proof, self exciting, self-regulating brushless generator with fully interconnected damper windings, IC06 cooling system and sealed-for-life bearings. Switchable voltage output.

6.1 Insulation System

The insulation system is Class H. Windings are impregnated in a triple dip thermo-setting moisture, oil and acid resisting polyester varnish. Heavy coat of anti-tracking varnish for additional protection against moisture or condensation.

6.2 Electrical Characteristics

Electrical design in accordance with BS5000 Part 99, IEC60034-1, EN61000-6, NEMA MG-1.22.

6.3 Automatic Voltage Regulator (AVR)

The R250 is a fully sealed automatic voltage regulator, which maintains the voltage within the limits of $\pm 0.5\%$ at steady state from no load to full load. Nominal adjustment is by means of a trimmer incorporated in the AVR. The panel door incorporates an additional voltage adjustment potentiometer.

6.4 Waveform Distortion, THF and TIF Factors

The total distortion of the voltage waveform with open circuit between phases or phase and neutral is in the order of 1.8. On a 3-phase balanced harmonic-free load the total distortion is 4%. Machines are designed to have a THF less than 2% and a TIF less than 50. A 2/3 pitch factor is standard on all stator windings.

6.5 Radio Interference

Suppression is in line with the provisions of EN61000-6.

7. MOUNTING ARRANGEMENT

7.1 Baseframe

The complete generator set is mounted on a heavy duty fabricated steel baseframe. The baseframe includes a UL listed closed top fuel tank and incorporates specially designed lifting points.

7.2 Coupling

The engine and generator are directly coupled by means of an SAE flange so that there is no possibility of misalignment after prolonged use. The engine flywheel is flexibly coupled to the generator rotor and a full torsional analysis has been carried out to guarantee no harmful vibration will occur in the assembly.

7.3 Anti-Vibration Mounting Pads

Captive anti-vibration pads are affixed between engine/generator feet and the baseframe ensuring complete vibration isolation of the rotating assemblies and enabling the machine to be placed on an uneven surface without detrimental effects.

7.4 Safety Guards

The fan, fan drive and battery charging alternator drive are fully guarded for personnel protection. Heat guards protect personnel from the exhaust pipe. All guards are to OSHA standards.

8. FUEL SYSTEM

Fuel feed and return lines to the engine are terminated at the baseframe mounted 24 hour extended capacity fuel tank. 3-way valves to allow connection of auxiliary fuel tank.

9. CONTROL SYSTEM

9.1 Control Panel

Set mounted autostart panel in a vibration isolated NEMA 1 sheet steel enclosure with a hinged lockable door.

a. DC and AC Wiring Looms

DC and AC wiring looms utilizing industrial type multi-pin connectors to permit fast fault finding.

9.2 Circuit Breaker

3-pole UL CSA listed molded case circuit breaker mounted on the generator set in a vibration isolated NEMA 1 distribution panel.

9.3 Small power receptacles housed in a NEMA 1 distribution panel.

Receptacles accept industry standard male plugs. Each receptacle is protected by a miniature circuit breaker which also acts as an on/off switch.

10. DOCUMENTATION

A full set of operation and maintenance manuals, circuit wiring diagrams, and instruction leaflets is provided.

11. SOUND ATTENUATED ENCLOSURES

A noise reducing enclosure surrounds the entire generator set. Combined with a critical engine silencer this provides an overall noise reduction from 65 to 68 dBA at 23 feet through the range.

12. FACTORY TESTS

The generator set is load tested before dispatch. All protective devices, control functions and site load conditions are simulated and the generator and its systems checked, proved and then passed for dispatch. A test certificate can be provided upon request.

13. EQUIPMENT FINISH

All sheet metal components including the enclosure and the base tank are fully degreased, phosphated and chromated for anti-corrosive protection prior to painting with polyester powder. The powder is cured at a temperature of 200° C (392° F) to ensure maximum scuff resistance and durability. All fasteners are electroplated. The engine and generator are thoroughly cleaned and finished in temperature controlled ovens with industrial high gloss polyurethane paint.

14. STANDARDS

The equipment meets the following standards: BS4999, BS5000, BS5514, IEC60034, EN61000-6, NEMA MG-1.22.

15. WARRANTY

Full manufacturer's warranty.

**STANDBY
PRIME
60 Hz**

**30 kW
27 kW**

CATERPILLAR®

XQ30

Materials and specifications are subject to change without notice.

Generator Set Technical Data – 1800 rpm/60 Hz			Standby		Prime	
Power Rating	kW	(kVA)	30	(37.5)	27	(33.8)
Lubricating System						
	L	(U.S. gal)	10.0	(2.8)	10.6	(2.8)
Total oil capacity	L	(U.S. gal)	8.9	(2.4)	8.9	(2.4)
Oil pan						
Fuel System						
Generator set fuel consumption						
100% load	L/hr	(gal/hr)	10.0	(2.6)	8.8	(2.3)
75% load	L/hr	(gal/hr)	7.2	(1.9)	6.5	(1.7)
50% load	L/hr	(gal/hr)	5.1	(1.4)	4.8	(1.3)
Fuel tank capacity	L	(U.S. gal)	291	(77)	291	(77)
Running Time						
at 100% load	Hours		29+		33+	
Cooling System						
Radiator system capacity including engine	L	(U.S. gal)	12.7	(3.4)	12.7	(3.4)
Heat rejected to coolant at rated power	kW	(Btu/min)	38.2	(2,172)	34.7	(1,973)
Air Requirements						
Combustion air flow	m³/min	(cfm)	2.5	(88)	2.5	(88)
Radiator cooling air	m³/min	(cfm)	81.6	(2,882)	81.6	(2,882)
Generator cooling air	m³/min	(cfm)	19.2	(678)	19.2	(678)
Generator Set Noise Rating*						
[with enclosure at 7 meters (23 feet)]	dBA		60.3		60.3	

*dBA levels are for guidance only

SPECIFICATIONS

GENERATOR

Voltage regulation..... ± 0.5% at steady state
from no load to full load
Frequency..... ± 0.25% for constant load from
no load to 100% load
Waveform distortion..... THD < 4%
Radio interference..... Compliance with EN61000-6
Telephone interference..... TIF < 50, THF < 2%
Overspeed limit..... 2250 rpm
Insulation..... Class H
Temperature rise..... Within Class H limits
Available voltages..... Switchable voltage output:
480/277 volt, 240/139 volt 3-phase
to 240/120 volt single phase
Deration..... Consult factory for available outputs
Ratings..... At 30° C (86° F), 152.4 m (500 ft)
60% humidity, 0.8 pf

ENGINE

Manufacturer..... Caterpillar
Model..... C2.2
Type..... 4-cycle
Aspiration..... ATAAC
Cylinder configuration..... In-line 4
Displacement – L (cu in)..... 2.2 (135)
Bore – mm (in)..... 84 (3.3)
Stroke – mm (in)..... 100 (3.9)
Compression ratio..... 23:3
Governor
Type..... Electronic
Class..... ISO8528 G1 and G2
Piston speed – m/sec (ft/sec)..... 6.0 (19.7)
Engine speed – rpm..... 1800
Maximum power at rated rpm – kW (hp)
Standby..... 36.4 (49)
Prime..... 32.8 (44)
BMEP – kPa (psi)
Standby..... 1095 (158.8)
Prime..... 987 (143.1)
Regenerative power – kW (hp)..... 7.2 (9.7)

CONTROL PANEL

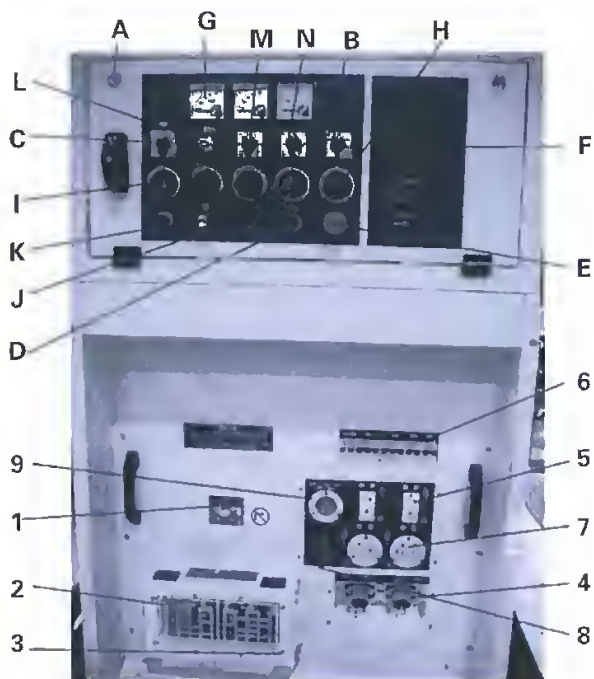
- A** NEMA 1 steel enclosure with hinged lockable door with viewing window.
- B** Manual run/off.
- C** Panel light ON/OFF switch.
- D** Separate pre-heat pushbutton.
- E** Red emergency stop pushbutton.
- F** Lamp test/reset pushbutton.
- G** AC instrumentation: 1-voltmeter, 1-ammeter, 1-frequency meter.
- H** Engine gauges for: oil pressure, coolant temperature, battery volts, fuel level.
- I** Fuel level display with momentary activation pushbutton.
- J** Hours run meter.
- K** Voltage adjust potentiometer.
- L** Frequency adjust potentiometer.
- M** 1 — 7 Position voltmeter phase selector switch.
- N** 1 — 4 Position ammeter phase selector switch.

OTHER FEATURES

- Shutdowns: high coolant temperature/low coolant level, low oil pressure, overcrank, overspeed.
- Low fuel level/fuel tank leak alarm.
- Printed circuit board control logic.
- Autostart standard.
- Cycle cranking with 3 adjustable time crank/rest periods.
- Battery charger, 5 Amp constant voltage, UL listed (optional).

DISTRIBUTION PANEL

- 1** 1 — 3 Pole MCCB with solid neutral (4 Wire). UL/CSA listed with shunt trip. Integral trip unit for thermal and magnetic overload protection on MCCB.
- 2** Main bus connection studs enclosed with hinged transparent cover for easy access and operator safety.
- 3** Cover for bus studs includes safety lockout feature to keep unit from operating with door open.



- 4** 2 — Single phase — California style Twistlocks, 50 Amps @ 208 Volt phase to phase, 120 Volt phase to neutral (adjustable to 240/139) or 240/120 single phase when operating in single phase voltage position.
- 5** 2 — Single phase — GFCI Duplex receptacles, 20 Amps @ 120 Volts.***
- 6** Individual circuit breaker protection for receptacles. Also act as on/off switches.
- 7** 2 — 3-phase NEMA locking receptacles, 20 Amps at 208/120V
- 8** Two wire remote start connection terminals.
- 9** 1 — 30A, 125V single phase NEMA locking inlet receptacle

*** Receptacles not for use with unit operating at 480/277V or 240/139V 3 phase.

**STANDBY
PRIME
60 Hz**

**30 kW
27 kW**

CATERPILLAR®

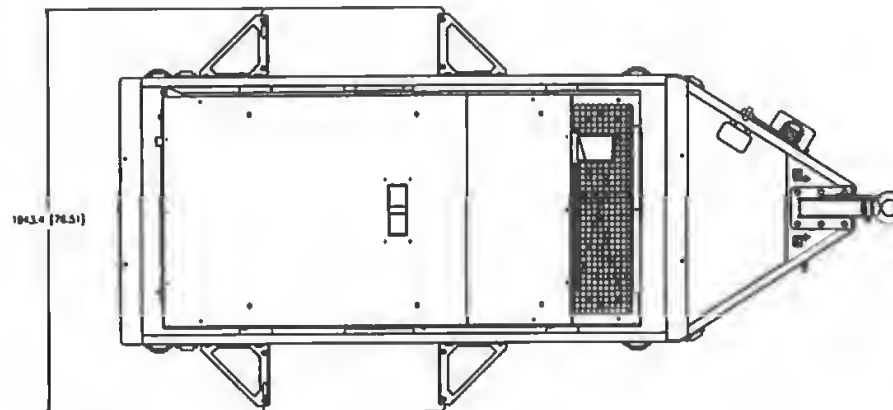
Model	Length mm (in)	Width mm (in)	Height mm (in)	Weight	
				With Lube Oil and Coolant kg (lb)	With Fuel, Lube Oil and Coolant kg (lb)
XQ30	2328 (91.7)	1161 (45.7)	1577 (62.1)	1500 (3,307)	1748 (3,854)
XQ30 with trailer	3764 (148.2)	1943.4 (76.5)	2065.4 (81.3)	1908 (4,206)	2156 (4,753)

RATING DEFINITIONS

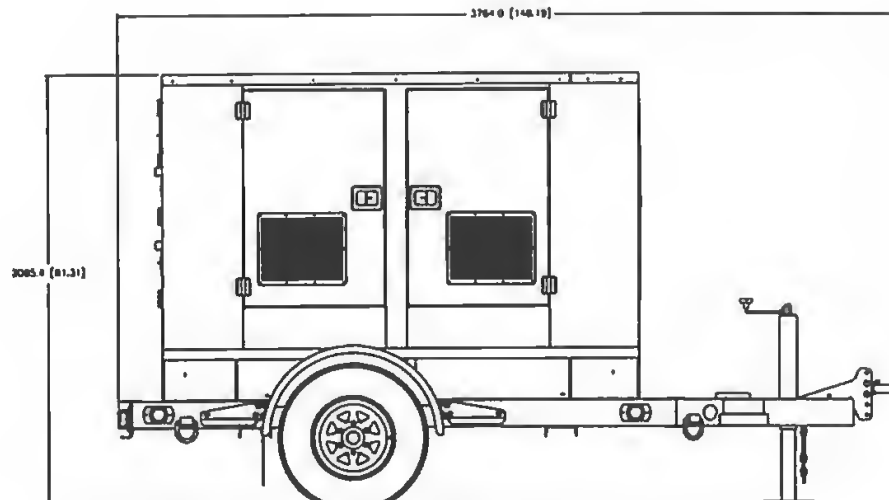
Standby – Applicable for supplying continuous electrical power (at variable load) in the event of a utility power failure. No overload is permitted on these ratings. The generator on the generator set is peak prime rated (as defined in ISO8528-3) at 30° C (86° F).

Prime – Applicable for supplying continuous electrical power (at variable load) in lieu of commercially purchased power. There is no limitation to the annual hours of operation and the generator set can supply 10% overload power for 1 hour in 12 hours.

TOP VIEW



SIDE VIEW



Information contained in this publication may be considered confidential.
Discretion is recommended when distributing.

Materials and specifications are subject to change without notice.
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www.Cat-ElectricPower.com

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Market: N. America

LEHE7009-03 (10-09)



CANASTR-01

ACLARK

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/02/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Berends Hendricks Stuit, Inc. 3055 44th St SW Grandville, MI 49418	CONTACT NAME:		
	PHONE (A/C, No, Ext): (616) 531-1900	FAX (A/C, No): (616) 574-3317	
	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Travelers Insurance		24767
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

INSURED

Canal Street Brewing Co. LLC
Founders Brewing Company
235 Grandville Ave SW
Grand Rapids, MI 49503-4037

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> GL, Liquor, EBL, Sto GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			Y6304K013548	01/01/2019	01/01/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 LIQUOR \$ 1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			BA-4K001666-18-CAG	01/01/2019	01/01/2020	COMBINED SINGLE LIMIT (Ea accidnt) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			ZUP-91M9174A-19-NF	01/01/2019	01/01/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	UB-4K04177A-18-42	01/01/2019	01/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH- E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

For Informational Purposes

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

From: **Lauren Metcalf** metcalf@foundersbrewing.com
Subject: **Outer Limits Neighborhood Notification**
Date: **August 13, 2019 at 10:53 AM**
To: **Joe Choma** joe@granddetroitstudio.com



Hello from Founders Detroit Taproom!

We are hosting our first annual Founders Detroit: Outer Limits Party on Saturday, September 28th from 12pm-12am and wanted to share details with our community neighbors. The event footprint will include our Taproom, Beer Garden, and parking lot with live music in the parking lot from 2pm-11pm, games, grilled food, and of course lots of special beers we have saved for this occasion. This event isn't just about beer and music, however, and we are excited to announce our official charity partner for the Outer Limits Party: Gleaners Community Food Bank. Because we support their mission to provide households with access to sufficient, nutritious food, and related resources to achieve a hunger-free community in southeast Michigan, our Big Pitcher program will be making a donation to Gleaners Community Food Bank.

We will be sharing some tickets with each of you closer to the event, and will be announcing the full lineup and taplist details when tickets go on sale August 23rd. Our hope is that this event will grow each year and be an experience the Midtown community can take part in, so please feel free to reach out to me with any questions or concerns you may have, and I'll send everyone a more detailed message once we announce further details. Thanks!

Lauren Metcalf | Events & Promotions Manager | Detroit

Founders Brewing Company
456 Charlotte St, Detroit, MI 48201
foundersbrewing.com
Main: 313.335.3440
Direct: 313.335.3422

2019-09-29

1059

1059 *Petition of Founders Brewing Company, request to hold "Outer Limits Party" at Founders Brewing Company Parking Lot on September 28, 2019 from 12:00 PM to 12:00 am with setup on 9/27/19 and teardown to be completed on the event date 9/28/19.*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

MAYOR'S OFFICE POLICE DEPARTMENT
FIRE DEPARTMENT DPW - CITY ENGINEERING
 DIVISION
PLANNING AND DEVELOPMENT DEPARTMENT
 BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL

141

5999

MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): ☒ APPROVED ☐ DENIED ☐ N/A ☐ CANCELED

Petition #: 1018 Event Name: Murals in the Market

Event Date : September 14, 2019

Street Closure: Division Street

Organization Name: PAXAHAU, Inc.

Street Address: 1551 Rosa Parks Suite A Detroit, MI 48216

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- | | | | |
|------------------------------------|------------------------------------------------|---------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input checked="" type="checkbox"/> Concert/Performance | <input type="checkbox"/> Run/Marathon |
| <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony | <input type="checkbox"/> Political Ceremony | <input checked="" type="checkbox"/> Festival |
| <input type="checkbox"/> Filming | <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Other: _____ | |
- ☒ **24-Hour Liquor License**

Petition Communications (include date/time)

The 5 Annual Murals in the Market will take place on Division Street between Orleans & St. Aubin and the adjacent parking lot from 1:00pm - 1:00am.

** ALL permits and license requirements must be fulfilled for an approval status **

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7th Precinct Assisted Event; Contracted with Private Security Company
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections; Contracted with Hart Medical to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROW Permit Required for Street Closures
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

SEP 05 2019 ← MTNB AS B.D

CITY CLERK 2019 AUG 28 PM4:52

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III Barricades Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permits Required for Tents, Stages & Generators
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors License & Liquor License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Parking Signs Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

MAYOR'S OFFICE

Signature: B. Aushier

Date: 8-28-19

Janice M. Winfrey
City Clerk

City of Detroit
OFFICE OF THE CITY CLERK

Caven West
Deputy City Clerk/Chief of Staff

DEPARTMENTAL REFERENCE COMMUNICATION

Monday, August 5, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE PLANNING AND DEVELOPMENT DEPARTMENT
DPW - CITY ENGINEERING DIVISION POLICE DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

1018 *Paxahau, Inc./1xRun, request to hold "2019 Murals in the Market Block Party" at Eastern Market on September 14, 2019 from 1:00 PM to 1:00 AM on 9-15-19 with temporary closure of Division St. from Orleans to St. Aubin.*

9/15/19

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: 2019 Murals In The Market Block Party

Event Location: Eastern Market - Division 5t. Between Orleans and 5t. Aubin

Is this going to be an annual event? ☒ Yes ☐ No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Paxahau, Inc/1xRun

Organization Mailing Address: 1551 Rosa Parks Blvd. Suite A. Detroit, MI. 48216

Business Phone: 5865969463

Business Website: www.paxahau.com

Applicant Name: Sam Fotias

Business Phone: 5865969463

Cell Phone: 586-596-9463

Email: sam@paxahau.com

Event On-Site Contact Person:

Name: Sam Fotias

Business Phone: 5865969463

Cell Phone: 5865969463

Email: sam@paxahau.com

Event Elements (check all that apply)

☐ Walkathon

☐ Carnival/Circus

☒ Concert/Performance

☐ Run/Marathon

☐ Bike Race

☐ Religious Ceremony

☐ Political Event

☒ Festival

☐ Filming

☐ Parade

☐ Sports/Recreation

☐ Rally/Demonstration

☐ Convention/Conference

☐ Fireworks

☐ Other: _____

Projected Number of Attendees: 2000

Please provide a brief description of your event:

The 5th annual Murals in the Market public art festival held in Eastern Market each September will host an all ages block party with dry goods, food and beverage vendors, games for kids & adults and a stage with entertainment. This event will help support Murals in the Market and will offset the costs of the annual block party event.

9/14/19

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date 09/13/2019 Time: 6:00 am Complete Set-up Date: 9/14/2019 Time: 10:00 am

Event Start Date: 9/14/2019 Time: 1:00 pm Event End Date: 09/15/2019 Time: 1:00 am

Begin Tearing Down Date: 9/15/2019 Complete Tear Down Date: 9/15/2019

Event Times (If more than one day, give times for each day):
event will run from 1pm until 1 am

Section 3- LOCATION/SITE INFORMATION

Location of Event: Division St between Orleans and Division

Facilities to be used (Check) Street ☒ Sidewalk ☒ Park City ☒

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- | | |
|-----------------------------------|----------------------------------------|
| -Public entrance and exit | -Location of First Aid |
| -Location of merchandising booths | -Location of fire lane |
| -Location of food booths | -Proposed route for walk/run |
| -Location of garbage receptacles | -Location of tents and canopies |
| -Location of beverage booths | -Sketch of street closure |
| -Location of sound stages | -Location of bleachers |
| -Location of hand washing sinks | -Location of press area |
| -Location of portable restrooms | -Sketch of proposed light pole banners |

You will be prompted to upload these attachments upon submitting this form

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

DJ PREMIER, J ROCC AND A WIDE SELECTION OF LOCAL AND REGIONAL DJ'S AND BANDS

Will a sound system be used? ☒ Yes ☐ No

If yes, what type of sound system? Line array

Describe specific power needs for entertainment and/or music:

two 30kw generators

How many generators will be used? two

How will the generators be fueled?
they will come to the site full of fuel

Name of vendor providing generators:

Contact Person: Mike Phelps - GenDrop

Address: 15440 Windmere St.

Phone: 313-595-8702

City/State/Zip: Southgate, MI. 48195

Section 5- SALES INFORMATION

Will there be advanced ticket sales? ☒ Yes ☐ No
If yes, please describe:

Will there be on-site ticket sales? ☒ Yes ☐ No
If yes, list price(s):

Will there be vending or sales? ☒ Yes ☐ No
If yes, check all that apply:

☒ Food ☒ Merchandise ☒ Non-Alcoholic Beverages ☒ Alcoholic Beverages

Indicate type of items to be sold:

Art, Tshirts, Hats, Street Trucks, Alcoholic and Non Alcoholic Beverages

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: TBD

Contact Person:

Address:

Phone:

City/State/Zip:

Number of Private Security Personnel Hired Per Shift:

Are the private security personnel (check all that apply):

☒ Licensed

☐ Armed

☐ Bonded

How will you advise attendees of parking options?

Via multiple social media outlets and web sites for the event

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?
Impact will be nominal as the set up in the street and street closures will not impact local market traffic.
There is little to no residential around the site so sound impact will be nominal,

Have local neighborhood groups/businesses approved your event?

☒ Yes ☐ No

Indicate what steps you have or will take to notify them of your event:
there have been and will continue to be meetings with business owners around the event site to inform them and work along with them to mitigate large impact to their daily business.

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

	How Many?	Size/Height
Booth	10	10x10
Tents (enclosed on 3 sides)	0	
Canopy (open on all sides)	2	40x40
Staging/Scaffolding	1	24x24
Bleachers	0	

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: Adam Gottleib - Hart Medical - 248-789-3648

Address:

City/State/Zip:

Name of company providing port-a-johns: TBD

Contact Person:

Address:

Phone:

City/State/Zip:

Name of private catering company? NA

Contact Person:

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. **Barricades are not available from the City of Detroit.**

Attach a map or sketch of the proposed area for closure.

STREET NAME: Division

FROM: Orleans TO: St Aubin

CLOSURE DATES: 9/13/2019 BEG TIME: 8 pm END TIME:

REOPEN DATE: 9/15/2019 TIME:

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME:

REOPEN DATE: _____ TIME:

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME:

REOPEN DATE: _____ TIME:

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME:

REOPEN DATE: _____ TIME:

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME:

REOPEN DATE: _____ TIME:

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE**
- 2) EMERGENCY MEDICAL AGREEMENT**
- 3) SANITATION AGREEMENT**
- 4) PORT-A-JOHN AGREEMENT**
- 5) COMMUNITY COMMUNICATION**

AUTHORIZATION & AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Signature of Sam Fotias
Sam Fotias
City of Detroit, Michigan 48201

07/30/2019

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

Event Name: 2019 Murals In The Market Block Party and Family Reunion Event
Date: 7/29/2019

Event Organizer:
Paxahau and 1xRun

Applicant Signature:

Signature of Sam Fotias
Sam Fotias
City of Detroit, Michigan 48201

Date: 07/30/2019

2019-08-05

1018

1018

*Petition of Paxahau, Inc./IxRun,
request to hold "2019 Murals in the
Market Block Party" at Eastern
Market on September 14, 2019 from
1:00 PM to 1:00 AM on 9-15-19 with
temporary closure of Division St. from
Orleans to St. Aubin.*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

MAYOR'S OFFICE PLANNING AND DEVELOPMENT
DEPARTMENT
DPW - CITY ENGINEERING DIVISION POLICE
DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL

6 to 100

MAYOR'S OFFICE COORDINATORS REPORTOVERALL STATUS (please circle): ☒ **APPROVED** ☐ **DENIED** ☐ **N/A** ☐ **CANCELED**Petition #: 1020 Event Name: Eastern Market After DarkEvent Date : September 19, 2019Street Closure: Alfred, Division, AdelaideOrganization Name: Eastern Market CorporationStreet Address: 2934 Russell Street Detroit, MI 48207

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- ☐ Walkathon ☐ Carnival/Circus ☐ Concert/Performance ☐ Run/Marathon
☐ Bike Race ☐ Religious Ceremony ☐ Political Ceremony ☐ Festival
☐ Filming ☐ Parade ☐ Sports/Recreation ☐ Rally/Demonstration
☐ Fireworks ☐ Convention/Conference ☒ Other: Annual Open House
☐ 24-Hour Liquor License

Petition Communications (include date/time)

Eastern Market Businesses will host their annual open house from 7:00pm - 11:00pm.

**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7th Precinct Assisted Event; Contracted with Eastern Market Security to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections & EMS Confirmation
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROW Permit Required for Street Closures
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

SEP 05 2019 MTND AS (3.0)

CITY CLERK 2019 AUG 28 PM 4:51

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III Barricades & Road Closure Signage Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors License & Liquor License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Purchase of Parking Meters Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low Impact on Buses

MAYOR'S OFFICE

Signature: B. Aushier

Date: 8-28-19

Janice M. Winfrey
City Clerk

City of Detroit
OFFICE OF THE CITY CLERK

Caven West
Deputy City Clerk/Chief of Staff

DEPARTMENTAL REFERENCE COMMUNICATION

Monday, August 5, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
PLANNING AND DEVELOPMENT DEPARTMENT POLICE DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

1020 *Eastern Market Corporation, request to hold "Eastern Market After Dark" at Eastern Market on September 19, 2019 from 7:00 PM to 11:00 PM with temporary closures of Alfred, Division, and Adelaide Streets.*

9/19/19

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: Eastern Market After Dark

Event Location: At private businesses throughout Eastern Market District.

Is this going to be an annual event? ☒ Yes ☐ No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Eastern Market Corporation

Organization Mailing Address: 2934 Russell St Detroit MI 48207

Business Phone: 313 833-9300 ext. 224

Business Website: Easternmarket.org

Applicant Name: Melissa Thomas

Business Phone: 313 833-9300 ext. Cell Phone: 313 740-1462 Email: mthomas@easternmarket.org

Event On-Site Contact Person:

Name: Melissa Thomas

Business Phone: 313 833-9300 ext. Cell Phone: 313 740-1462 Email: mthomas@easternmarket.org

Event Elements (check all that apply)

- | | | |
|------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance |
| <input type="checkbox"/> Run/Marathon | <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony |
| <input type="checkbox"/> Political Event | <input type="checkbox"/> Festival | <input type="checkbox"/> Filming |
| <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Fireworks | <input checked="" type="checkbox"/> Other: <u>Annual open house where</u> |

Projected Number of Attendees: 10,000

Please provide a brief description of your event:

This is an organized open house for businesses in the EMC District to stay open and attract attention to their business. It is sponsored by the Detroit Design Festival. This open house will operate like a smaller version of a regular weekend market, only in the evening.

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date September Time: 5:00pm Complete Set-up Date: September 19, Time: 7:00pm

Event Start Date: September 19, Time: 7:00pm Event End Date: September 19, 2019 Time: 11:00pm

Begin Tearing Down Date: September 19, 2019 Complete Tear Down Date: September 19, 2019

Event Times (If more than one day, give times for each day):

NA

Section 3- LOCATION/SITE INFORMATION

Location of Event: At private businesses throughout the Eastern Market District

Facilities to be used (Check) Street Sidewalk ☒ Park City
Facility

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- | | |
|-----------------------------------|----------------------------------------|
| -Public entrance and exit | -Location of First Aid |
| -Location of merchandising booths | -Location of fire lane |
| -Location of food booths | -Proposed route for walk/run |
| -Location of garbage receptacles | -Location of tents and canopies |
| -Location of beverage booths | -Sketch of street closure |
| -Location of sound stages | -Location of bleachers |
| -Location of hand washing sinks | -Location of press area |
| -Location of portable restrooms | -Sketch of proposed light pole banners |

You will be prompted to upload these attachments upon submitting this form

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

DIME (Youth Music Ensemble (Various Students)) performing on the Plaza

Will a sound system be used? ☒ Yes ☐ No

If yes, what type of sound system? Amplifier

Describe specific power needs for entertainment and/or music:

Standard 20 amp circuits (provided by Eastern Market)

How many generators will be used? NA

How will the generators be fueled?

Name of vendor providing generators:

Contact Person:

Address:

Phone:

City/State/Zip

Section 5- SALES INFORMATION

Will there be advanced ticket sales? ☐ Yes ☒ No

If yes, please describe:

Will there be on-site ticket sales? ☐ Yes ☒ No

If yes, list price(s):

Will there be vending or sales? ☐ Yes ☒ No

If yes, check all that apply:

☐ Food ☐ Merchandise ☐ Non-Alcoholic Beverages ☐ Alcoholic Beverages

Indicate type of items to be sold:

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Eastern Market Corp. & DPD

Contact Person: Darius Dawson (Manager of Customer Support & Security)

Address: 2934 Russell St.

Phone: 313 833-9300

City/State/Zip:

Detroit, MI 48207

Number of Private Security Personnel Hired Per Shift:

12- 15 Patrolling parking lots and around district businesses

Are the private security personnel (check all that apply):

☐ Licensed

☐ Armed

☐ Bonded

How will you advise attendees of parking options?

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?
This is an evening open house for district businesses. Little impact as it will be about as busy as a slow Saturday Market in winter. Also, most of the businesses participate and are involved in the event.

Have local neighborhood groups/businesses approved your event?

☒ Yes ☐ No

Indicate what steps you have or will take to notify them of your event:
All neighboring locations are notified through our "one call now" phone notice system, also monthly district business meetings. Main contact method has been by the Detroit Design Festival actively seeking out businesses to stay open and participate.

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

How Many?

Size/Height

Booth

Tents (enclosed on 3 sides)

Canopy (open on all sides)

Staging/Scaffolding

Bleachers

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: NA

Address:

City/State/Zip:

Name of company providing port-a-johns: NA

Contact Person:

Address:

Phone:

City/State/Zip:

Name of private catering company: NA

Contact Person:

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. Barricades are not available from the City of Detroit.

Attach a map or sketch of the proposed area for closure.

STREET NAME: Alfred Street

FROM: Shed 4 TO: Russell

CLOSURE DATES: September 19, 2019 BEG TIME: 5:00pm END TIME:

REOPEN DATE: September 19, 2019 TIME:

STREET NAME: Division Street

FROM: Shed 3 TO: Russell Street

CLOSURE DATES: September 19, 2019 BEG TIME: 5:00p END TIME:

REOPEN DATE: September 19, 2019 TIME:

STREET NAME: Adelaide Street

FROM: Market Street TO: Russell Street

CLOSURE DATES: September 19, 2019 BEG TIME: 5:00pm- END TIME:

REOPEN DATE: September 19, 2019 TIME:

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME:

REOPEN DATE: _____ TIME:

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME:

REOPEN DATE: _____ TIME:

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE**
- 2) EMERGENCY MEDICAL AGREEMENT**
- 3) SANITATION AGREEMENT**
- 4) PORT-A-JOHN AGREEMENT**
- 5) COMMUNITY COMMUNICATION**

This is an organized open house for businesses in the EMC District to stay open and attract attention to their businesses. It is sponsored by the Detroit Design Festival. This open house will operate like a smaller attended regular weekend market, only in the evening.

AUTHORIZATION & AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Melissa Thomas

07/25/2019

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

Event Name: Eastern Market After Dark Event
Date: September 19, 2019

Event Organizer:
Melissa Thomas

Applicant Signature:

Melissa Thomas

Date: 07/25/2019

2019-08-05

1020

1020

Petition of Eastern Market Corporation, request to hold "Eastern Market After Dark" at Eastern Market on September 19, 2019 from 7:00 PM to 11:00 PM with temporary closures of Alfred, Division, and Adelaide Streets.

REFERRED TO THE FOLLOWING DEPARTMENT(S)

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
PLANNING AND DEVELOPMENT DEPARTMENT POLICE
DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL

7H 101

MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): ☒ APPROVED ☐ DENIED ☐ N/A ☐ CANCELED

Petition #: 1058 Event Name: 1st Annual Giddy Up Pup

Event Date : September 22, 2019

Street Closure: Various

Organization Name: Michigan Humane Society

Street Address: 30300 Telegraph Suite 220 Bingham Farms, 48025

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- | | | | |
|--------------------------------------------------------|------------------------------------------------|----------------------------------------------|----------------------------------------------|
| <input checked="" type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance | <input type="checkbox"/> Run/Marathon |
| <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony | <input type="checkbox"/> Political Ceremony | <input type="checkbox"/> Festival |
| <input type="checkbox"/> Filming | <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> 24-Hour Liquor License | | | |

Petition Communications (include date/time)

The Michigan Humane Society will host its 1st Annual Giddy Up Pup event from Eastern Market with a 5 - Mile Route for Mounted Police & Equestrians and a 1 - Mile Walk for Dog Owners.

** ALL permits and license requirements must be fulfilled for an approval status **

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; Detroit Mounted Police will Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with Community EMS to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; No ROW Permit Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

CITY CLERK 2019 AUG 28 PM 4:52

SEP 05 2019 MTNB AS B.J

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III Barricades Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Liquor License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

MAYOR'S OFFICE

Signature: B. Austin

Date: 8-28-19

City of Detroit
OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Andre P. Gilbert II
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Thursday, August 29, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

DPW - CITY ENGINEERING DIVISION MAYOR'S OFFICE
FIRE DEPARTMENT POLICE DEPARTMENT
PLANNING AND DEVELOPMENT DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

1058 *Michigan Humane Society, request to hold "1st Annual Giddy Up Pup" at Eastern Market and Greater Downtown Area on September 22, 2019 from 8:00 am to 12:00 pm with setup on 9/22/19 and teardown to be completed on the event date 9/22/19.*

1058

9/22/19

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: 1st Annual Giddy Up Pup (Fundraising Walk for Michigan Humane Society)

Event Location: Eastern Market Neighborhood / Walking Tour of Greater Downtown Area - Detroit MI

Is this going to be an annual event? ☒ Yes ☐ No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Michigan Humane Society

Organization Mailing Address: 30300 Telegraph Road, Suite 220, Bingham Farms MI 48025

Business Phone: 866- mhumane 866-

Business Website: www.michiganhumane.org

Applicant Name: Sarah Shackleford

Business Phone: 248-283-5639

Cell Phone: 248-904-9207

Email: sshackleford@michiganhumane.org

Event On-Site Contact Person:

Name: Greg Harris

Business Phone: 248-283-5628

Cell Phone: 313-407-1010

Email: gharris@michiganhumane.org

Event Elements (check all that apply)

☒ Walkathon

☐ Carnival/Circus

☐ Concert/Performance

☐ Run/Marathon

☐ Bike Race

☐ Religious Ceremony

☐ Political Event

☐ Festival

☐ Filming

☐ Parade

☐ Sports/Recreation

☐ Rally/Demonstration

☐ Convention/Conference

☐ Fireworks

☐ Other: _____

Projected Number of Attendees: 500

Please provide a brief description of your event:

Michigan Humane Society is going back to our 1877 equestrian roots by inviting the public to join the Detroit Mounted Police in a horse led walk through a 5-mile route, starting and ending at Eastern Market, shed 6. This event will begin the rebranding of MHS's former Mega March. This walk will be open to humans with their dogs. Estimated expected participation up to 1,500. Equestrian participation not to exceed 60 with an early bird fee of \$55 and then after \$65 per horse (late fee will apply one month from launch of event site/MHS will handle this marketing). Walk participants to pay an early bird fee of \$15 and the \$25.00 after. Both can fund raise through the event website and donate event day. Both fees will include a t-shirt, BBQ, music, and an adult beer and Bloody Mary tent. MHS will be soliciting

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date 09/22/19 Time: 06:00AM Complete Set-up Date: 09/22/2019 Time: 07:00AM

Event Start Date: 09/22/19 Time: 08:00AM Event End Date: 09/22/19 Time: 12:00PM

Begin Tearing Down Date: 09/22/2019 Complete Tear Down Date: 09/22/19

Event Times (If more than one day, give times for each day):
8AM-12PM

Section 3- LOCATION/SITE INFORMATION

Location of Event: Eastern Market Neighborhood / Walking Tour of Greater Downtown Area

Facilities to be used (Check) Street Sidewalk ☒ Park City

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- Public entrance and exit
- Location of merchandising booths
- Location of food booths
- Location of garbage receptacles
- Location of beverage booths
- Location of sound stages
- Location of hand washing sinks
- Location of portable restrooms
- Location of First Aid
- Location of fire lane
- Proposed route for walk/run
- Location of tents and canopies
- Sketch of street closure
- Location of bleachers
- Location of press area
- Sketch of proposed light pole banners

You will be prompted to upload these attachments upon submitting this form

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

BBQ, music, beer and Bloody Mary tent

Will a sound system be used? ☒ Yes ☐ No

If yes, what type of sound system? Amplified voice and music through two speakers.

Describe specific power needs for entertainment and/or music:

Battery powered speakers

How many generators will be used? 2 generators: Honda 2000 Honda

How will the generators be fueled?
Gasoline filled prior to the event.

Name of vendor providing generators:

Contact Person: Rafel Pouncy

Address: 30300 Telegraph Road

Phone: 248-840-7773

City/State/Zip Bingham Farms, Mi 48180

Section 5- SALES INFORMATION

Will there be advanced ticket sales? ☒ Yes ☐ No
If yes, please describe:

Will there be on-site ticket sales? ☐ Yes ☒ No
If yes, list price(s):

Will there be vending or sales? ☒ Yes ☐ No
If yes, check all that apply:

☒ Food ☒ Merchandise ☒ Non-Alcoholic Beverages ☒ Alcoholic Beverages

Indicate type of items to be sold:

MHS retail items, food from COD licensed food trucks, drinks, BBQ from Bert's Marketplace. Will be filing separate liquor license for alcohol sales through MLCC.

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Prudential Security

Contact Person: Jeff Hartless

Address: 20600 Suite 900 Eureka Road

Phone: 734-286-6000

City/State/Zip:

Taylor Mi 48180

Number of Private Security Personnel Hired Per Shift:

2

Are the private security personnel (check all that apply):

☒ Licensed ☒ Armed ☒ Bonded

How will you advise attendees of parking options?

Registration website communication. Email Communication. Day of Signage and wayfinding volunteers

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?
Minimal impact with sidewalk usage, large crowds, and riders on horseback.

Have local neighborhood groups/businesses approved your event?

☒ Yes ☐ No

Indicate what steps you have or will take to notify them of your event:
Plans to attend neighborhood association meetings (Lafayette park, Rivertown, Brush park)

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

	How Many?	Size/Height
Booth	0	0
Tents (enclosed on 3 sides)	10	10x10
Canopy (open on all sides)	5	10x10
Staging/Scaffolding	0	
Bleachers		

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: General Dispatch, Community EMS

Address: 25400 Eight Mile Road,

City/State/Zip: Southfield, Mi 48033

Name of company providing port-a-johns: Scotty's Potties

Contact Person: Jill Coshat

Address: 27940 Wick Rd

Phone: 888-407-2900

City/State/Zip: Romulus

Name of private catering company: Bert's Marketplace

Contact Person:

Address: 2727 Russell St,

Phone: 313-567-2030

City/State/Zip: Detroit

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. **Barricades are not available from the City of Detroit.**

Attach a map or sketch of the proposed area for closure.

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE**
- 2) EMERGENCY MEDICAL AGREEMENT**
- 3) SANITATION AGREEMENT**
- 4) PORT-A-JOHN AGREEMENT**
- 5) COMMUNITY COMMUNICATION**

AUTHORIZATION & AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Signature of Applicant
Sarah Shackelford

07/18/2019

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

Event Name: 1st Annual Giddy Up Pup Event
Date: 09/22/2019

Event Organizer:
Michigan Humane Society

Applicant Signature:

Signature of Applicant
Sarah Shackelford

Date: 07/18/2019

Honda Power Equipment sets a new standard in portable power with the introduction of an all-new EU2200i inverter generator. Part of Honda Power Equipment's Super Quiet Series of generators, the new EU2200i lineup is the perfect portable generator for work, home or play.

The all-new Honda EU2200i inverter generator offers tremendous value to users, delivering 10 percent more power (200 watts) than the outgoing EU2000i model, the company's most popular portable model for the same price. The heart of the additional power the new generator delivers is the Honda GXR120 engine. With more power, better performance and improved ease of use and maintenance, the all-new Honda EU2200i is the perfect choice for consumers to power what they need for work, home or play.



In addition to more wattage, the all-new EU2200i delivers consumers additional user-friendly features including a fuel shut off valve that allows the engine to run with the fuel supply off, helping prevent issues related to stale fuel; a large spout and oil drain gutter for cleaner, easier oil changes; a smooth, light effort recoil; a user-friendly design that incorporates color-coded startup points to start the generator; and increased ventilation that improves airflow resulting in better cooling of key components.

Model	EU2200i
Engine	GXR120
Displacement	121cc
Compression Ratio	8.5:1
Engine Speed	4000 rpm – 4500 rpm (with Eco Throttle® switch off)
Cooling System	Forced Air
AC Output	120V / 2200W max. (18.3A); 120 / 1800W rated (15A)
Receptacles	20A 120V Duplex
DC Output	12V, 100W (8.3A)
Starting System	Recoil
Fuel Tank Capacity (gal / L)	0.95 US gal / 3.6 L
Engine Oil Capacity (oz. / L)	14 oz. / 0.44 L
Run Time per Tankful	3.2 hours @ rated load; 8.1 hours @ ¼ load
Dimensions (L x W x H - in./mm)	20 inches x 11.4 inches x 16.7 inches / 509 mm x 290 mm x 425 mm
Noise Level	62 dB @ rated load and 53 dB @ ¼ load
Dry Mass (lbs. / kg)	46.5 lbs. / 21.1 kg
Wet Weight (lbs. / kg)	53.6 lbs. / 24.04 kg
Oil Alert®	Yes
Ignition System	Full transistor
Eco Throttle®	Yes
Residential Warranty	3 Years
Commercial Warranty	3 Years



Honda EU3000is Super Quiet Portable Inverter Generator

**Super Quiet Portable Generator
Great for RV / Camping Use!**



Generator Features & Benefits

- Honda Overhead Valve Engine
- Lightweight and Compact
- High Quality, Stable and High Power Output
- Quiet Operation
- Low Fuel Consumption
- Parallel Operation Capability
- Oil Alert™
- Electronic Ignition
- Simultaneous AC/DC use
- Electronic Circuit Breakers
- Fuel Meter
- Inverter (Computer Friendly)
- USDA-Qualified Spark Arrestor/Muffler
- Fully Enclosed for Quieter Operation
- EcoThrottle™ (load dependent operation)
- Battery Standard

Honda EU3000is Generator Specifications

Engine	Honda 6.5 HP, Single Cylinder, Overhead Valve, Air Cooled
Displacement	196 cc
AC Output	120V 3000W max.(25A) 2800W rated (23.3A)
Receptacles	20A 125V Duplex NEMA Plug Number: 5-20P 30A 125V Locking Plug NEMA Plug Number: L5-30P
DC Output	12V, 144W (12A) (Optional D.C. Charge Cable required)
Starting System	Recoil and Electric Start
Fuel Tank Capacity	3.4 gallons
Run Time on One Tankful	7.2 hrs. @ rated load 20 hrs. @ 1/4 load
Dimensions (L x W x H)	25.8" x 18.9" x 22.4"
Noise Level	58 dB @ rated load 49 dB @ 1/4 load (Noise level varies depending on load)
Dry Weight	134 lbs.



Michigan Humane Society—Giddy Up Pup Event Space Layout—9.22.19



2019-09-29

1058

1058 *Petition of Michigan Humane Society,
request to hold "1st Annual Giddy Up
Pup" at Eastern Market and Greater
Downtown Area on September 22,
2019 from 8:00 am to 12:00 pm with
setup on 9/22/19 and teardown to be
completed on the event date 9/22/19.*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

DPW - CITY ENGINEERING DIVISION MAYOR'S OFFICE
FIRE DEPARTMENT POLICE DEPARTMENT
PLANNING AND DEVELOPMENT DEPARTMENT
BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL

OFFICE OF CONTRACTING
AND PROCUREMENT



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August 26, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

6002317 100% City Funding – To Provide and Install Commercial Washer Extractors for DFD. – Contractor: K.A.H. Inc., DBA Universal Laundry Machinery – Location: 38700 Webb Dr., Westland, MI 48185 – Contract Period: Upon City Council Approval through August 31, 2021 – Total Contract Amount: \$139,832.00 **FIRE**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

RESOLVED, that Contract No. 6002317 referred to in the foregoing communication dated August 26, 2019, be hereby and is approved.

ENTERED SEP 09 2019 M.T.F. under New Business (JA) 3-0

**OFFICE OF CONTRACTING
AND PROCUREMENT**

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August 26, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3035514 100% City Funding – To Provide Emergency Residential Demolition at 20120 Bramford. – Contractor: Leadhead Construction – Location: 1660 Midland, Detroit, MI 48238 – Contract Date: Upon City Council Approval through August 2, 2020 – Total Contract Amount: \$17,650.00 **HOUSING AND REVITALIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

RESOLVED, that Contract No. 3035514 referred to in the foregoing communication dated August 26, 2019, be hereby and is approved.

WNT 09 SEP 09 2019 M.T.F. under NB (RM) 2-0 (SB; RM)

**OFFICE OF CONTRACTING
AND PROCUREMENT**

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August 26, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3035940 100% City Funding – To Provide Emergency Residential Demolition at 14235 Elmdale. – Contractor: Salenbien Trucking and Excavating, Inc. – Location: 9217 Ann Arbor Rd., Dundee, MI 48131 – Contract Date: Upon City Council Approval through August 19, 2020 – Total Contract Amount: \$21,461.00 **HOUSING AND REVITALIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

RESOLVED, that Contract No. 3035940 referred to in the foregoing communication dated August 26, 2019, be hereby and is approved.

ENTERED SEP 09 2019 M.T.F. under NB (RM) 2-0 (SB;RM)

OFFICE OF CONTRACTING
AND PROCUREMENT

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August 26, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3036183 100% City Funding – To Provide Emergency Residential Demolition at 4791 Pennsylvania, and 5780 Maxwell. – Contractor: Salenbien Trucking and Excavating, Inc. – Location: 9217 Ann Arbor Rd., Dundee, MI 48131 – Contract Date: Upon City Council Approval through August 19, 2020 – Total Contract Amount: \$31,825.00 **HOUSING AND REVITALIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

RESOLVED, that Contract No. 3036183 referred to in the foregoing communication dated August 26, 2019, be hereby and is approved.

ENTERED SEP 09 2019 M.T.F. under NB (RM) 2-0 (SB; RM)

OFFICE OF CONTRACTING
AND PROCUREMENT

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August 26, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3036323 100% City Funding – To Provide Emergency Residential Demolition at 5955 Chopin. – Contractor: Adamo Demolition Co. – Location: 320 E. Seven Mile, Detroit, MI 48203 – Contract Date: Upon City Council Approval through August 26, 2020 – Total Contract Amount: \$19,000.00
HOUSING AND REVITALIZATION

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

RESOLVED, that Contract No. 3036323 referred to in the foregoing communication dated August 26, 2019, be hereby and is approved.

ENTERED SEP 09 2019 M.T.F. under NB (RM) 2-0 (SB; RM)

OFFICE OF CONTRACTING
AND PROCUREMENT

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August 26, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3036327 100% City Funding – To Provide Emergency Residential Demolition at 15600 Liberal. – Contractor: Salenbien Trucking and Excavating, Inc. – Location: 9217 Ann Arbor Rd., Dundee, MI 48131 – Contract Date: Upon City Council Approval through August 26, 2020 – Total Contract Amount: \$15,938.00 **HOUSING AND REVITALIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

RESOLVED, that Contract No. 3036327 referred to in the foregoing communication dated August 26, 2019, be hereby and is approved.

ENTERED SEP 09 2019 M.T.F. under NB (RM) 2-0 (SB;RM)

**OFFICE OF CONTRACTING
AND PROCUREMENT**

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August 26, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3036340 100% City Funding – To Provide Emergency Residential Demolition at 5175 Casmere. – Contractor: Gayanga Co. – Location: 1120 W. Baltimore, Detroit, MI 48202 – Contract Date: Upon City Council Approval through August 20, 2020 – Total Contract Amount: \$19,850.00
HOUSING AND REVITALIZATION

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

RESOLVED, that Contract No. 3036340 referred to in the foregoing communication dated August 26, 2019, be hereby and is approved.

ENTERED SEP 09 2019 M.T.F. under NB (RM) 2-0 (SB; RM)

**OFFICE OF CONTRACTING
AND PROCUREMENT**

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August 26, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3036378 100% City Funding – To Provide Emergency Commercial Demolition at
8333 Livernois. – Contractor: Gayanga Co. – Location: 1120 W.
Baltimore, Detroit, MI 48202 – Contract Date: Upon City Council
Approval through August 23, 2020 – Total Contract Amount: \$36,699.00
HOUSING AND REVITALIZATION

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

RESOLVED, that Contract No. 3036378 referred to in the foregoing communication dated August 26, 2019, be hereby and is approved.

ENTERED SEP 09 2019 M.T.F. under NB (RM) 2-0 (SB; RM)

**OFFICE OF CONTRACTING
AND PROCUREMENT**

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August 26, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3036399 100% City Funding – To Provide Emergency Commercial Demolition at 756 Helen. – Contractor: Adamo Demolition Co. – Location: 320 E. Seven Mile, Detroit, MI 48203 – Contract Date: Upon City Council Approval through August 11, 2020 – Total Contract Amount: \$21,000.00.
HOUSING AND REVITALIZATION

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

RESOLVED, that Contract No. 3036399 referred to in the foregoing communication dated August 26, 2019, be hereby and is approved.

ENTERED SEP 09 2019 M.T.F. under NB (RM) 2-0 (SB;RM)

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OFFICE OF CONTRACTING
AND PROCUREMENT

August 26, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3036403 100% City Funding – To Provide Emergency Residential Demolition at
12061 Camden. – Contractor: Gayanga Co. – Location: 1120 W.
Baltimore, Detroit, MI 48202 – Contract Date: Upon City Council
Approval through August 11, 2020 – Total Contract Amount: \$22,043.00
HOUSING AND REVITALIZATION

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

RESOLVED, that Contract No. 3036403 referred to in the foregoing communication dated August 26, 2019, be hereby and is approved.

ENTERED SEP 09 2019 M.T.F. under NB (RM) 2-0 (SB; RM)

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OFFICE OF CONTRACTING
AND PROCUREMENT

August 26, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3036405 100% City Funding – To Provide Emergency Residential Demolition at
127 W. Robinwood. – Contractor: Adamo Demolition Co. – Location: 320
E. Seven Mile, Detroit, MI 48203 – Contract Date: Upon City Council
Approval through August 26, 2020 – Total Contract Amount: \$22,000.00
HOUSING AND REVITALIZATION

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

RESOLVED, that Contract No. 3036405 referred to in the foregoing communication dated August 26, 2019, be hereby and is approved.

ENTERED SEP 09 2019 M.T.F. under NB (RM) 2-0 (SB; RM)

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OFFICE OF CONTRACTING
AND PROCUREMENT

August 26, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3036406 100% City Funding – To Provide Emergency Commercial Demolition at
10045 Yellowstone. – Contractor: Adamo Demolition Co. – Location: 320
E. Seven Mile, Detroit, MI 48203 – Contract Date: Upon City Council
Approval through August 11, 2020 – Total Contract Amount: \$35,400.00
HOUSING AND REVITALIZATION

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

RESOLVED, that Contract No. 3036406 referred to in the foregoing communication dated August 26, 2019, be hereby and is approved.

ENTERED. SEP 09 2019 M.T.F. Under NB (RM) 2-0 (SB; RM)

OFFICE OF CONTRACTING
AND PROCUREMENT

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August 26, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3036459 100% City Funding – To Provide Emergency Residential Demolition at 3799 Gladstone. – Contractor: Gayanga Co. – Location: 1120 W. Baltimore, Detroit, MI 48202 – Contract Date: Upon City Council Approval through August 12, 2020 – Total Contract Amount: \$27,341.00
HOUSING AND REVITALIZATION

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

RESOLVED, that Contract No. 3036459 referred to in the foregoing communication dated August 26, 2019, be hereby and is approved.

ENTERED SEP 09 2019 M.T.F. under NB (RM) 2-0 (SB; RM)

**OFFICE OF CONTRACTING
AND PROCUREMENT**

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August 26, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3036522 100% City Funding – To Provide Emergency Commercial Demolition at 8810 Grinnell. – Contractor: DMC Consultants – Location: 13500 Foley, Detroit, MI 48227 – Contract Date: Upon City Council Approval through August 14, 2020 – Total Contract Amount: \$40,000.00 **HOUSING AND REVITALIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

RESOLVED, that Contract No. 3036522 referred to in the foregoing communication dated August 26, 2019, be hereby and is approved.

RECEIVED SEP 09 2019 M.T.F. under NB (RM) 2-0 (SB; RM)

OFFICE OF CONTRACTING
AND PROCUREMENT

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August 23, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3035926 100% City Funding – To Provide Emergency Commercial Demolition at 8945 Dearborn. – Contractor: Southfield RDC Construction Services – Location: 26400 W. Eight Mile, ~~Detroit~~, MI 48033 – Contract Date: Upon City Council Approval through August 1, 2020 – Total Contract Amount: \$26,000.00 **HOUSING AND REVITALIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

RESOLVED, that Contract No. 3035926 referred to in the foregoing communication dated August 23, 2019, be hereby and is approved.

ENTERED SEP 09 2019 M.T.F. under NB (RM) 2-0 (SB; RM)
(Correction: Should read Southfield, not Detroit)

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OFFICE OF CONTRACTING
AND PROCUREMENT

August 23, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3035936 100% City Funding – To Provide Emergency Residential Demolition at
19734 Hull. – Contractor: DMC Consultants, Inc. – Location: 13500
Foley, Detroit, MI 48227 – Contract Date: Upon City Council Approval
through August 19, 2020 – Total Contract Amount: \$21,200.00
HOUSING AND REVITALIZATION

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

RESOLVED, that Contract No. 3035936 referred to in the foregoing communication dated August 23, 2019, be hereby and is approved.

ENTERED SEP 09 2019 M.T.F. under NB (RM) 2-0 (SB; RM)

OFFICE OF CONTRACTING
AND PROCUREMENT

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August 23, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3035935 100% City Funding – To Provide Emergency Residential Demolition at
12742 Northlawn. – Contractor: DMC Consultants, Inc. – Location:
13500 Foley, Detroit, MI 48227 – Contract Date: Upon City Council
Approval through August 19, 2020 – Total Contract Amount: \$24,530.00
HOUSING AND REVITALIZATION

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

RESOLVED, that Contract No. 3035935 referred to in the foregoing communication dated August 23, 2019, be hereby and is approved.

SEP 09 2019 M. T. F. under NB (RM) 2-0 (SB; RM)

OFFICE OF CONTRACTING
AND PROCUREMENT

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August 23, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3036030 100% City Funding – To Provide Emergency Residential Demolition at 4510 Sheridan. – Contractor: DMC Consultants, Inc. – Location: 13500 Foley, Detroit, MI 48227 – Contract Date: Upon City Council Approval through July 29, 2020 – Total Contract Amount: \$45,200.00 **HOUSING AND REVITALIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

RESOLVED, that Contract No. 3036030 referred to in the foregoing communication dated August 23, 2019, be hereby and is approved.

ENTERED SEP 09 2019 M.T.F. under NB (RM) 2-0 (SB, RM)

OFFICE OF CONTRACTING
AND PROCUREMENT

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August 23, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3036191 100% City Funding – To Provide Emergency Residential Demolition at
16185 Prairie. – Contractor: DMC Consultants, Inc. – Location: 13500
Foley, Detroit, MI 48227 – Contract Date: Upon City Council Approval
through August 19, 2020 – Total Contract Amount: \$18,600.00
HOUSING AND REVITALIZATION

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

RESOLVED, that Contract No. 3036191 referred to in the foregoing communication dated August 23, 2019, be hereby and is approved.

ENTERED SEP 09 2019 M.T.F. under NB (RM) 2-0 (SB; RM)

OFFICE OF CONTRACTING
AND PROCUREMENT

23
27

August 23, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3036244 100% City Funding – To Provide Emergency Residential Demolition at
13992 Young. – Contractor: Gayanga Co. – Location: 1120 W.
Baltimore, Ste. 200, Detroit, MI 48202 – Contract Date: Upon City
Council Approval through August 6, 2020 – Total Contract Amount:
\$34,045.00 **HOUSING AND REVITALIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

RESOLVED, that Contract No. 3036244 referred to in the foregoing communication dated August 23, 2019, be hereby and is approved.

ENTERED SEP 09 2019 M.T.F. Under NB (RM) 2-0 (SB; RM)

OFFICE OF CONTRACTING
AND PROCUREMENT

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August 23, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3036360 100% City Funding – To Provide Emergency Residential Demolition at
5124 Grandy. – Contractor: DMC Consultants, Inc. – Location: 13500
Foley, Detroit, MI 48227 – Contract Date: Upon City Council Approval
through August 13, 2020 – Total Contract Amount: \$27,300.00
HOUSING AND REVITALIZATION

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER _____ **BENSON** _____

RESOLVED, that Contract No. 3036360 referred to in the foregoing communication dated August 23, 2019, be hereby and is approved.

ENTERED SEP 09 2019 M.T.F. Under NB (RM) 2-0 (SB; RM)

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**OFFICE OF CONTRACTING
AND PROCUREMENT**

August 23, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3036367 100% City Funding – To Provide Emergency Residential Demolition at
5345 Iroquois. – Contractor: DMC Consultants, Inc. – Location: 13500
Foley, Detroit, MI 48227 – Contract Date: Upon City Council Approval
through August 13, 2020 – Total Contract Amount: \$27,550.00
HOUSING AND REVITALIZATION

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

RESOLVED, that Contract No. 3036367 referred to in the foregoing communication dated August 23, 2019, be hereby and is approved.

ENTERED SEP 09 2019 M.T.F. under NB (RM) 2-0 (SB; RM)

25
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OFFICE OF CONTRACTING
AND PROCUREMENT

August 23, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3035939 100% City Funding – To Provide Emergency Residential Demolition at
17353 Albion. – Contractor: Adamo Demolition Co. – Location: 320 E.
Seven Mile, Detroit, MI 48203 – Contract Date: Upon City Council
Approval through August 19, 2020 – Total Contract Amount: \$22,500.00.
HOUSING AND REVITALIZATION

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

RESOLVED, that Contract No. 3035939 referred to in the foregoing communication dated August 23, 2019, be hereby and is approved.

ENTERED SEP 09 2019 M.T.F. under NB (RM) 2-0 (SB; RM)

OFFICE OF CONTRACTING
AND PROCUREMENT

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August 23, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3035938 100% City Funding – To Provide Emergency Residential Demolition at 9387 Sylvester. – Contractor: Salenbien Trucking and Excavating, Inc. – Location: 9217 Ann Arbor Rd., Dundee, MI 48131 – Contract Date: Upon City Council Approval through August 8, 2020 – Total Contract Amount: \$18,694.00 **HOUSING AND REVITALIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

RESOLVED, that Contract No. 3035938 referred to in the foregoing communication dated August 23, 2019, be hereby and is approved.

ENTERED SEP 09 2019 M, T, F, under NB (RM) 2-0 (SB; RM)

OFFICE OF CONTRACTING
AND PROCUREMENT

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August 13, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3035763 100% City Funding – To Provide Emergency Residential Demolition at 3726 W. Boston Blvd., and 3791 Tuxedo. – Contractor: Salenbien Trucking and Excavating, Inc. – Location: 9217 Ann Arbor Rd., Dundee, MI 48131 – Contract Date: Upon City Council Approval through August 12, 2020 – Total Contract Amount: ~~\$42,972.00~~ **HOUSING AND REVITALIZATION**

\$76,124.00

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

RESOLVED, that Contract No. 3035763 referred to in the foregoing communication dated August 13, 2019, be hereby and is approved.

ENTERED SEP 09 2019 M.T.F. Under NB (RM) 2-0 (SB; RM)

(Correction: Total Contract Amount should read
\$76,124.00, not \$42,972.00)

OFFICE OF CONTRACTING
AND PROCUREMENT

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August 13, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3035825 100% City Funding – To Provide Emergency Residential Demolition at 4507 Allendale. – Contractor: Salenbien Trucking and Excavating, Inc. – Location: 9217 Ann Arbor Rd., Dundee, MI 48131 – Contract Date: Upon City Council Approval through August 12, 2020 – Total Contract Amount: \$22,755.00 **HOUSING AND REVITALIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

RESOLVED, that Contract No. 3035825 referred to in the foregoing communication dated August 13, 2019, be hereby and is approved.

ENTERED SEP 09 2019 M.T.F. under NB (RM) 2-0 (SB; RM)

**OFFICE OF CONTRACTING
AND PROCUREMENT**

31
34

August 13, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3035592 100% City Funding – To Provide Emergency Residential Demolition at 10101 Maplawn. – Contractor: Salenbien Trucking and Excavating, Inc. – Location: 9217 Ann Arbor Rd., Dundee, MI 48131 – Contract Date: Upon City Council Approval through August 5, 2020 – Total Contract Amount: \$22,442.00 **HOUSING AND REVITALIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

RESOLVED, that Contract No. 3035592 referred to in the foregoing communication dated August 13, 2019, be hereby and is approved.

ENTERED: SEP 09 2019 M.T.F. under NB (RM) 2-0 (SB; RM)

OFFICE OF CONTRACTING
AND PROCUREMENT

July 11, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

6002271 100% City Funding – To Provide Additional Parking Meters, Software and Hardware Upgrades, App Upgrades, and Sign Costs for Multi-Spaced Parking Meter Expansion Project. – Contractor: Detroit Building Authority – Location: 1301 Third, Ste. 328, Detroit, MI 48226 – Contract Period: Upon City Council Approval through July 22, 2022 – Total Contract Amount: \$4,500,000.00. **MUNICIPAL PARKING**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

RESOLVED, that Contract No. 6002271 referred to in the foregoing communication dated July 11, 2019, be hereby and is approved.

~~ENTERED~~ JUL 22 2019 BB Sep 9. RM (205)

ENTERED SEP 09 2019 M.T.F. under NB (RM) 3-D

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OFFICE OF CONTRACTING
AND PROCUREMENT

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August 28, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3036156 100% City Funding – To Provide Vehicle Lease Payments. – Contractor:
Enterprise FM Trust – Location: 29301 Grand River, Farmington Hills,
MI 48381– Contract Period: Upon City Council Approval through
December 20, 2019 – Total Contract Amount: \$43,241.32 **POLICE**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

RESOLVED, that Contract No. 3036156 referred to in the foregoing communication dated August 28, 2019, be hereby and is approved.

ENTERED SEP 09 2019 M.T.F. Under NB (RM) 2-1 (yes/RM - NO/SB)

OFFICE OF CONTRACTING
AND PROCUREMENT

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August 28, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3036626 100% 2018 UTGO Bond Funding – To Provide Sierra Wireless Routers, Netmotion & GPSGate Licenses for EMS via Michigan Master Computing MiDeal Contract. – Contractor: CDW Government, LLC – Location: 230 N Milwaukee Ave., Vernon Hills, IL 60061 – Contract Period: Upon City Council Approval through August 31, 2020 – Total Contract Amount: \$143,474.17 **POLICE**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

RESOLVED, that Contract No. 3036626 referred to in the foregoing communication dated August 28, 2019, be hereby and is approved.

ENTERED: SEP 09 2019 M.T.F. under NB (JA) 3-0

**OFFICE OF CONTRACTING
AND PROCUREMENT**

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August 26, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

6002269 100% City Funding – To Provide Repair Service, Labor, and/or Parts for Cummins Diesel Engines for GSD. – Contractor: Cummins, Inc. DBA Cummins Sales and Service – Location: 21810 Clessie Ct., New Hudson, MI 48165 – Contract Period: Upon City Council Approval through August 19, 2022 – Total Contract Amount: \$600,000.00 **GENERAL SERVICES**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER SHEFFIELD

RESOLVED, that Contract No. 6002269 referred to in the foregoing communication dated August 26, 2019, be hereby and is approved.

SEP 05 2019 — MTNB RCL (B.S)

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**OFFICE OF CONTRACTING
AND PROCUREMENT**

August 26, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

6002288 100% UTGO 2018 Bond Funding – To Provide **Jayne Field** Multi-Sport Hub Improvements. (8 Soccer/Cricket Fields, Field Grading, Walking Paths, Picnic Shelter, Play Area, and Site Amenities) – Contractor: Premier Group Associates – Location: 535 Griswold, Ste. 1420, Detroit, MI 48226 – Contract Period: Upon City Council Approval through September 1, 2021 – Total Contract Amount: \$1,092,070.00 **GENERAL SERVICES**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER SHEFFIELD

RESOLVED, that Contract No. 6002288 referred to in the foregoing communication dated August 26, 2019, be hereby and is approved.

SEP 05 2019 — MTNB RCL (B.O)

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OFFICE OF CONTRACTING
AND PROCUREMENT

August 26, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

6002292 60% UTGO 2018 Bond Funding, 40% City Funding – To Provide **O’Hair Park** Multi-Sport Hub Improvements. (9 Soccer Fields, 1 Combination Football/Soccer Field, Walkways, Picnic Shelter, and Site Amenities) – Contractor: Premier Group Associates – Location: 535 Griswold, Ste. 1420, Detroit, MI 48226 – Contract Period: Upon City Council Approval through September 1, 2021 – Total Contract Amount: \$1,179,800.00
GENERAL SERVICES

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER SHEFFIELD

RESOLVED, that Contract No. 6002292 referred to in the foregoing communication dated August 26, 2019, be hereby and is approved.

SEP 05 2019 – MTNB PCL 3.0)

OFFICE OF CONTRACTING
AND PROCUREMENT

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August 28, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

6001018 100% City Funding – AMEND 1 – To Provide Emergency Sand Bags. –
Contractor: Signal USA, LLC – Location: 2490 Industrial Row, Troy, MI
48084 – Contract Period: Upon City Council Approval through January
31, 2020 – Contract Increase: \$1,030,639.38 – Total Contract Amount:
\$1,280,639.38 **GENERAL SERVICES**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER SHEFFIELD

RESOLVED, that Contract No. 6001018 referred to in the foregoing communication dated August 28, 2019, be hereby and is approved.

SEP 05 2019 - MTNB AS (3.0)



CITY OF DETROIT
OFFICE OF THE CHIEF FINANCIAL OFFICER
OFFICE OF DEVELOPMENT AND GRANTS

COLEMAN A. YOUNG MUNICIPAL CENTER
2 WOODWARD AVENUE, SUITE 1026
DETROIT, MICHIGAN 48226
PHONE: 313 • 628-2158
FAX: 313 • 224 • 0542
WWW.DETROITMI.GOV

July 11, 2019

The Honorable Detroit City Council
ATTN: City Clerk Office
200 Coleman A. Young Municipal Center
Detroit MI 48226

RE: Authorization to submit a grant application to the U.S. Department of Transportation for the FY 2019 Better Utilizing Investments to Leverage Development (BUILD) Grant

The City of Detroit Department of Public Works, in partnership with the Michigan Department of Transportation, is hereby requesting authorization from Detroit City Council to submit a grant application to the U.S. Department of Transportation for the FY 2019 Better Utilizing Investments to Leverage Development (BUILD) Grant. The amount being sought is \$25,000,000.00. The Federal share is \$25,000,000.00 of the approved amount, and there is a total cash match of \$14,989,875.00. The Department of Public Works will provide \$9,959,500.00 in match funding and the Michigan Department of Transportation will provide \$5,030,375.00 in match funding. The total project cost is \$39,989,875.00.

The FY 2019 Better Utilizing Investments to Leverage Development (BUILD) Grant will enable the department to:

- Create robust and integrated road improvements to channel surface truck traffic from the planned Gordie Howe International Bridge (GHIB) to Fort Street and mitigate traffic congestion for the surrounding community
- Reconstruct Jefferson Avenue from the GHIB to downtown and provide a safer and easy to navigate non-motorized route

If the application is approved, a cash match will be provided from appropriation 20453 and appropriation 04189.

We respectfully request your approval to submit the grant application by adopting the attached resolution.

Sincerely,

Ryan Friedrichs
Director, Office of Development and Grants
CC:
Katerli Bounds, Deputy Director, Grants
Sajjiah Parker, Assistant Director, Grants

This Request has been approved by the Office of Budget

ENTERED SEP 09 2019 M.T.F. under NB (RM) 2-0 (SB;RM)

CITY CLERK 2019 JUL 18 10:30

Office of Development and Grants

RESOLUTION

Council Member _____

WHEREAS, the Department of Public Works has requested authorization from City Council to submit a grant application to the U.S. Department of Transportation, for the FY 2019 Better Utilizing Investments to Leverage Development (BUILD) Grant, in the amount of \$25,000,000.00, to mitigate traffic congestion coming off of the planned Gordie Howe International Bridge (GHIB); and

WHEREAS, the Department of Public Works is partnering with the Michigan Department of Transportation to submit this application, and the Michigan Department of Transportation will provide match funds in the amount of \$5,030,375.00; and

WHEREAS, the Department of Public Works has \$3,319,833.33 available in its bond funds Departmental allocation in appropriation 20453. In addition, the department has committed \$2,319,833.33 from its FY 2020-2021 Departmental allocation, and committed \$4,319,833.34 from its FY 2021-2022 Departmental allocation, in its Major Street Funds in appropriation 04189, in order to provide funds for the total City match requirement, in the amount of \$ 9,959,500.00, for the FY 2019 Better Utilizing Investments to Leverage Development (BUILD) Grant; and

WHEREAS, this request has been approved by the Office of Budget; now

THEREFORE BE IT RESOLVED, the Department of Public Works is hereby authorized to submit a grant application to the U.S. Department of Transportation for the FY 2019 Better Utilizing Investments to Leverage Development (BUILD) Grant.



CITY OF DETROIT
OFFICE OF THE CHIEF FINANCIAL OFFICER
OFFICE OF DEVELOPMENT AND GRANTS

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DETROIT, MICHIGAN 48226
PHONE: 313 • 628-2158
FAX: 313 • 224 • 0542
WWW.DETROITMI.GOV

Grant Application Request Form (GARF)

In order to secure the Office of Development and Grants (ODG) approval required under Section 18-4-2 of the Detroit City Charter, this form is to be filled out by City Departments as soon as possible upon learning of an opportunity that the Department would like to pursue. This form must be signed and submitted not later than 20 business days prior to the application deadline.

Please submit this form to the following ODG staff: Sajjiah Parker, Assistant Director, parkersa@detroitmi.gov and Greg Andrews, Program Analyst IV, andrewsgr@detroitmi.gov

City Department	DPW
Date	7/9
Department Contact Name	Caitlin Marcon
Department Contact Phone	313-224-3906
Department Contact Email	marconc@detroitmi.gov
Grant Opportunity Title	FY 2018 BUILD Transportation grants program
Grant Opportunity Funding Agency	US DOT
Web Link to Opportunity Information	https://www.transportation.gov/sites/dot.gov/files/docs/subdoc/2018fy-2018-build-nota-fr.pdf
Award Amount (that Department will apply for)	\$25,000,000
Application Due Date	7/15/2019
Anticipated Proposed Budget Amount	\$39,989,875
City Match Contribution Amount	\$9,959,500
Source of City Match (Include Appropriation Number, Cost Center, and Object Code)	Act 51 /Bonds (See note below)
List of programs/services/activities to be funded and the Budget for each Sample: - ABC Afterschool program: \$150,000 - XYZ Youth leadership program: \$100,000 - Salary/Benefits: \$95,000 - Supplies: \$5,000	Reconstruct W Jefferson from Steve Yzerman to West Grand, including the addition of parking adjacent to Centennial Park; add multi-modal connection on West Grand from Jefferson to Fort St; resurface Fort St from West Grand to Miller Road, and Clark Street from Fort to West Jefferson, and add protected cycletrack; Reconstruct W Jefferson from Clark St to Campbell St and add protected cycletrack.
Brief Statement of Priorities/Purpose for the Application Sample: To support expansion of promising youth development programs in MNO neighborhood.	To create robust and integrated road improvements to channel surface truck traffic from GHIB to Fort St, mitigate congestion, and reconstruct Jefferson from GHIB to downtown to provide a safer easy to navigate non-motorized route
Key Performance Indicators to be Used to Measure the Programs/Services/Activities Sample: # of kids newly enrolled in ABC and XYZ % of kids from ABC who demonstrate improved educational performance	# of miles reconstructed # of miles resurfaced # miles of non-motorized supports added

Caitlin Malloy-Marcon
Director's Name (Please Print)

Caitlin Malloy-Marcon
Director's Signature

7/10/19
Date

Match Source	Amount	Account String
Bond Funds	\$ 3,319,833.33	3301-20453-193337-632100
FY 2020-2021	\$ 2,319,833.33	3301-04189-193871-632100
FY 2021-2022	\$ 4,319,833.34	3301-04189-193871-632100
Total:	\$ 9,959,500.00	



DRAFT BUDGET

PARTNER	BUILD ASK	MATCH	TOTAL
CITY OF DETROIT	\$14,939,250	\$9,959,500	\$24,898,750
MDOT	UP TO \$10,060,750	\$5,030,375	\$15,091,125
PROJECT TOTAL	UP TO \$25,000,000	37.5% \$14,989,875	\$39,989,875



CITY OF DETROIT
OFFICE OF THE CHIEF FINANCIAL OFFICER
OFFICE OF DEVELOPMENT AND GRANTS

COLEMAN A. YOUNG MUNICIPAL CENTER
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DETROIT, MICHIGAN 48226
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July 11, 2019

The Honorable Detroit City Council
ATTN: City Clerk Office
200 Coleman A. Young Municipal Center
Detroit MI 48226

RE: Authorization to submit a grant application to the U.S. Department of Justice for the FY 2019 Innovations in Community-Based Crime Reduction Program

The Detroit Police Department is hereby requesting authorization from Detroit City Council to submit a grant application to the U.S. Department of Justice for the FY 2019 Innovations in Community-Based Crime Reduction Program. The amount being sought is \$1,000,000.00. There is no match requirement. The total project cost is \$1,000,000.00.

The FY 2019 innovations in Community-Based Crime Reduction Program will enable the department to:

- Convene a cross sector partnership to develop and implement a place-based, data-driven strategy to address violent crime.

We respectfully request your approval to submit the grant application by adopting the attached resolution.

Sincerely,

Ryan Friedrichs
Director, Office of Development and Grants

CC:
Katerli Bounds, Deputy Director, Grants
Sajjish Parker, Assistant Director, Grants

This Request has been approved by the Office of the Budget.

ENIENC... SEP 09 2019 M.T.F. under NB (RM) (SB; RM) 2-0

CITY CLERK 2019 JUL 19 10:25:50

RESOLUTION

Council Member _____

WHEREAS, the Detroit Police Department has requested authorization from City Council to submit a grant application to the U.S. Department of Justice, for the FY 2019 Innovations in Community-Based Crime Reduction Program, in the amount of \$1,000,000.00, to convene a cross sector partnership to develop and implement a place-based, data-driven strategy to address violent crime; now

THEREFORE BE IT RESOLVED, the Detroit Police Department is hereby authorized to submit a grant application to the U.S. Department of Justice for the FY 2019 Innovations in Community-Based Crime Reduction Program.



CITY OF DETROIT
OFFICE OF THE CHIEF FINANCIAL OFFICER
OFFICE OF DEVELOPMENT AND GRANTS

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PHONE: 313 • 628-2158
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July 24, 2019

The Honorable Detroit City Council
ATTN: City Clerk Office
200 Coleman A. Young Municipal Center
Detroit MI 48226

RE: Authorization to submit a grant application to the US Department of Housing and Urban Development for the FY 2019 Lead Hazard Reduction Grant Program

The Housing and Revitalization Department is hereby requesting authorization from Detroit City Council to submit a grant application to the US Department of Housing and Urban Development for the FY 2019 Lead Hazard Reduction Grant Program. The amount being sought is \$9,700,000.00. The Federal share \$9,700,000.00 of the approved amount, and there is a required cash match of \$1,437,358.00. The total project cost is \$11,137,358.00.

The FY 2019 Lead Hazard Reduction Grant Program will enable the department to:

- Abate lead paint contamination in homes occupied by children under the age of six

If the application is approved, a cash match will be provided from appropriation 10409.

We respectfully request your approval to submit the grant application by adopting the attached resolution.

Sincerely,

Ryan Friedrichs
Director, Office of Development and Grants

CC:
Katerli Bounds, Deputy Director, Grants
Sajjiah Parker, Assistant Director, Grants

This Request has been approved by the Office of Budget

ENTERED SEP 09 2019 M.T.F. under NB (JA) 3-0

CITY CLERK (313) 628-2158

RESOLUTION

Council Member _____

WHEREAS, the Housing and Revitalization Department has requested authorization from City Council to submit a grant application to the US Department of Housing and Urban Development, for the FY 2019 Lead Hazard Reduction Grant Program, in the amount of \$9,700,000.00, to abate lead paint contamination in homes occupied by children under the age of six; and

WHEREAS, the Housing and Revitalization Department has \$1,437,358.00 available in its FY 2020 Departmental allocation in appropriation 10409, for the City match requirement for the FY 2019 Lead Hazard Reduction Grant Program; and

WHEREAS, this request has been approved by the Office of Budget; now

THEREFORE BE IT RESOLVED, the Housing and Revitalization Department is hereby authorized to submit a grant application to the US Department of Housing and Urban Development for the FY 2019 Lead Hazard Reduction Grant Program.



CITY OF DETROIT
OFFICE OF THE CHIEF FINANCIAL OFFICER
OFFICE OF DEVELOPMENT AND GRANTS

COLEMAN A. YOUNG MUNICIPAL CENTER
2 WOODWARD AVENUE, SUITE 1026
DETROIT, MICHIGAN 48226
PHONE: 313 • 628-2158
FAX: 313 • 224 • 0542
WWW.DETROITMI.GOV

Grant Application Request Form (GARF)

In order to secure the Office of Development and Grants (ODG) approval required under Section 18-4-2 of the Detroit City Charter, this form is to be filled out by City Departments as soon as possible upon learning of an opportunity that the Department would like to pursue. This form must be signed and submitted not later than 20 business days prior to the application deadline.

Please submit this form to the following ODG staff: Sajjiah Parker, Assistant Director, parkersa@detroitmi.gov and Greg Andrews, Program Analyst IV, andrewsgr@detroitmi.gov

City Department	Housing and Revitalization
Date	7/24/18
Department Contact Name	Anna Pinler
Department Contact Phone	313-224-4159
Department Contact Email	pinlera@detroitmi.gov
Grant Opportunity Title	2019 Lead Based Paint Hazard Reduction & Healthy Homes
Grant Opportunity Funding Agency	US Housing and Urban Development
Web Link to Opportunity Information	https://www.hud.gov/program_offices/commplanning/grants/leadbasedpaint/2019-lead-based-paint-hazard-reduction
Award Amount (that Department will apply for)	\$8,700,000
Application Due Date	August 9, 2018
Anticipated Proposed Budget Amount	11,137,358
City Match Contribution Amount	\$1,437,358
Source of City Match (include Appropriation Number, Cost Center, and Object Code)	CDBG 2001-10409-362742-651159-00000-00000-0000-000000
List of programs/services/activities to be funded and the Budget for each Sample: - ABC Afterschool program: \$150,000 - XYZ Youth leadership program: \$100,000 - Salary/Benefits: \$95,000 - Supplies: \$5,000	Lead based paint inspection and risk assessments Lead hazard control activities in homes with children under 6 Coordinate with DHD on EBL testing Healthy Homes assessments
Brief Statement of Priorities/Purpose for the Application Sample: To support expansion of promising youth development programs in MNO neighborhood.	To abate lead paint contamination in homes occupied by children under 6
Key Performance Indicators to be Used to Measure the Programs/Services/Activities Sample: # of kids newly enrolled in ABC and XYZ % of kids from ABC who demonstrate improved educational performance	# of housing units inspected # of housing units where lead hazard mitigation repairs are made # of healthy homes inspections and upgrades

Donald Rencher

Director's Name (Please Print)

Director's Signature

7/24/18

Date



CITY OF DETROIT
OFFICE OF THE CHIEF FINANCIAL OFFICER
OFFICE OF DEVELOPMENT AND GRANTS

COLEMAN A. YOUNG MUNICIPAL CENTER
2 WOODWARD AVENUE, SUITE 1026
DETROIT, MICHIGAN 48226
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FAX: 313 • 224 • 0542
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180
90
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August 2, 2019

The Honorable Detroit City Council
ATTN: City Clerk Office
200 Coleman A. Young Municipal Center
Detroit MI 48226

RE: Authorization to submit a grant application to the Funders Network for the FY 2019 Partners for Places Grant Program

The Office of Sustainability is hereby requesting authorization from Detroit City Council to submit a grant application to the Funders Network for the FY 2019 Partners for Places Grant Program. The amount being sought is \$100,000.00. The grantor share is \$100,000.00, and there is a required \$100,000.00 cash match. The Erb Family Foundation will provide the match funds in the amount of \$100,000.00. The total project cost is \$200,000.00.

The FY 2019 Partners for Places Grant Program will enable the department to:

- Provide education, tools, and resources that empower Detroit Homeowners to utilize safe abatement practices
- Increase the number of healthy, hazard-free renovated homes in Detroit

We respectfully request your approval to submit the grant application by adopting the attached resolution.

Sincerely,

Ryan Friedrichs
Director, Office of Development and Grants

CC:
Katerli Bounds, Deputy Director, Grants
Sajjiah Parker, Assistant Director, Grants

RECEIVED SEP 19 2019 M.T. F. under NB (RM) 2-0 (SB; RM)

CITY CLERK 2019 AUG 21 11:41 AM

RESOLUTION

Council Member _____

WHEREAS, the Office of Sustainability has requested authorization from City Council to submit a grant application to the Funders Network, for the FY 2019 Partners Places Grant Program, in the amount of \$100,000.00, to provide education, tools, and resources that empower Detroit Homeowners to utilize safe abatement practices; and

WHEREAS, the Erb Family Foundation will provide the required cash match, in the amount of \$100,000.00, for the FY 2019 Partners Places Grant Program; now

THEREFORE BE IT RESOLVED, the Office of Sustainability is hereby authorized to submit a grant application to the Funders Network for the FY 2019 Partners Places Grant Program.



CITY OF DETROIT
OFFICE OF THE CHIEF FINANCIAL OFFICER
OFFICE OF DEVELOPMENT AND GRANTS

COLEMAN A. YOUNG MUNICIPAL CENTER
2 WOODWARD AVENUE, SUITE 1026
DETROIT, MICHIGAN 48226
PHONE: 313 • 628-2158
FAX: 313 • 224 • 0542
WWW.DETROITMI.GOV

Grant Application Request Form (GARF)

In order to secure the Office of Development and Grants (ODG) approval required under Section 18-4-2 of the Detroit City Charter, this form is to be filled out by City Departments as soon as possible upon learning of an opportunity that the Department would like to pursue. This form must be signed and submitted not later than 20 business days prior to the application deadline.

Please submit this form to the following ODG staff: Sajjiah Parker, Assistant Director, parkersa@detroitmi.gov and Greg Andrews, Program Analyst IV, andrewsgr@detroitmi.gov

City Department	Office of Sustainability
Date	7/30/2019
Department Contact Name	Joel Howrani Heeres
Department Contact Phone	313-224-9420
Department Contact Email	howraniheeres@detroitmi.gov
Grant Opportunity Title	Partners for Places
Grant Opportunity Funding Agency	The Funders Network
Web Link to Opportunity Information	https://ws.onshub.com/files/5q6xhl8v
Award Amount (that Department will apply for)	\$100,000
Application Due Date	7/30/2019
Anticipated Proposed Budget Amount	\$200,000
City Match Contribution Amount	0
Source of City Match (include Appropriation Number, Cost Center, and Object Code)	N/A
List of programs/services/activities to be funded and the Budget for each <i>Sample:</i> - ABC Afterschool program: \$150,000 - XYZ Youth leadership program: \$100,000 - Salary/Benefits: \$95,000 - Supplies: \$5,000	Over a 2-year period: - Salary/Benefits: 78,000 - Consultants: 77,200 - Meetings/Events: 8,480 - Travel: 3,000 - Materials/Supplies: 33,320
Brief Statement of Priorities/Purpose for the Application <i>Sample: To support expansion of promising youth development programs in MNO neighborhood.</i>	To provide education, tools, and resources that empower Detroit Homeowners to utilize safe abatement practices to increase the number of healthy, hazard-free renovated homes in Detroit.
Key Performance Indicators to be Used to Measure the Programs/Services/Activities <i>Sample:</i> # of kids newly enrolled in ABC and XYZ % of kids from ABC who demonstrate improved educational performance	We will use the following metrics to measure project outcomes: • Number of homeowners (disaggregated by income) trained in lead safe home repair practices • Number of homeowners (disaggregated by income) completing successful remediation, energy, and water projects • Avg. energy and water bill reductions for participants • # of participants acquiring occupancy permits • Average project quality - using a uniform evaluation, mentors will rate the degree to which homeowners followed lead safe practices in their projects, providing feedback throughout the project • Mentorship rating - using a survey instrument, homeconnect will rate the quality of their mentors in helping them achieve their goals Overall, these indicators will help us measure the success rate of the project as a whole. As noted by the Homeowners numbers, we intend to disaggregate these numbers by income. Our target is that at minimum, 60% of our 24 homeowners will fall in the low income bracket (less than 50% of AMI) but we expect to exceed that.

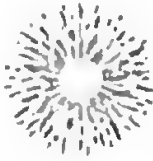
Joel Howrani Heeres

Director's Name (Please Print)

8/2/2019

Director's Signature

Date



Fred A. and Barbara M. Erb Family Foundation

July 30, 2019

Commitment Letter for City of Detroit Office of Sustainability

I am writing on behalf of the Fred A. and Barbara M. Erb Family Foundation to express that, subject to board approval, we are committed to providing up to \$100,000 in funding as a 1:1 match should the City of Detroit's grant application, "Improving Health and Safety in Detroit Homes," be selected for a Partners for Places grant award.

We greatly appreciate the past PFP support that helped create Detroit's Office of Sustainability (OoS). The OoS has made incredible progress engaging more than 6,000 residents across the city in creating a Sustainability Action Agenda for Detroit, and it would be very impactful to be able to announce a project that addresses the Agenda's top priorities.

A \$300 million foundation, the Fred A. and Barbara M. Erb Family Foundation's mission is to nurture environmentally healthy and culturally vibrant communities in metropolitan Detroit, consistent with sustainable business models, and support initiatives to restore the Great Lakes ecosystem. We are focused on improving water quality; promoting environmental health, justice and equitable development; and supporting the arts as a means to strengthen the metropolitan Detroit region.

Over the past two years, the foundation has been developing an increasing focus within its Environmental Health & Justice area on lead and asthma. Lead and asthma are the two largest environmental health problems in the city of Detroit. Detroit accounts for almost one-half Michigan's cases of child lead poisoning and more than twice the number of asthma related deaths statewide. Affordability of housing is another issue. The proposed program offers an elegant solution to these issues, and we are excited at the opportunity to deepen our partnership with the OoS by working together in assuring its success.

I have been impressed by the collaborative and creative spirit that has animated the planning of this program. Only recently emerged from bankruptcy, the city is still rebuilding its administrative infrastructure and untangling an outdated web of bureaucracy. This program deftly weaves together the work of multiple departments and connects them with some of our most effective community-based organizations—improving systems while directly addressing serious environmental, social and economic issues. What better way to demonstrate the power of sustainability in moving Detroit forward?

Sincerely,



Neil C. Hawkins, Sc.D.
President



CITY OF DETROIT
OFFICE OF THE CHIEF FINANCIAL OFFICER
OFFICE OF DEVELOPMENT AND GRANTS

COLEMAN A. YOUNG MUNICIPAL CENTER
2 WOODWARD AVENUE, SUITE 1026
DETROIT, MICHIGAN 48226
PHONE: 313 • 628-2158
FAX: 313 • 224 • 0542
WWW.DETROITMI.GOV

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91
4/6

August 5, 2019

The Honorable Detroit City Council
ATTN: City Clerk Office
200 Coleman A. Young Municipal Center
Detroit MI 48226

RE: Correction - Request to accept an increase in appropriation for the FY 2019, Local Health Opioid Response grant

The Michigan Department of Health and Human Services (MDHHS) has awarded an increase in appropriation to the City of Detroit Health Department for the FY 2019 Local Health Opioid Response Grant, in the amount of \$28,000.00. There is no match requirement for this grant. The total increase is \$28,000.00. This funding will increase appropriation 20646, previously approved in the amount of \$40,000.00, by council on May 5, 2019, to a total of \$68,000.00. This request will correct and replace a previous City Council request to increase appropriation 20627, in the amount of \$28,000.00, previously approved July 23, 2019.

The objective of the grant is to expand the Health Department's Opioid Academic Detailing Initiative. The grant will enable the department to increase the number of pharmacies registered under the MDHHS standing order to distribute Naloxone, and conduct a continuing education event to train pharmacists on opioid misuse and Naloxone administration. This is a reimbursement grant.

I respectfully ask your approval to accept the correction to increase appropriation funding in accordance with the attached resolution.

Sincerely,

Ryan Friedrichs
Director, Office of Development and Grants

CC:
Katerli Bounds, Deputy Director, Grants
Sajjiah Parker, Assistant Director, Grants

This Request has been approved by the Law Department.
This Request has been approved by the Office of Budget.

ENTERED SEP 09 2019 M.T.F. under NB (RM) 2-0 (SB; RM)

RESOLUTION

Council Member _____

WHEREAS, the Health Department is requesting authorization to accept an increase in appropriation for the FY 2019 Local Health Opioid Response Grant, from Michigan Department of Health and Human Services (MDHHS), in the amount of \$28,000.00, in order to expand the Department's Opioid Academic Detailing Initiative; and

WHEREAS, this funding will increase appropriation 20646, previously approved in the amount of \$40,000.00, by council on 05/01/2019 to a total of \$68,000.00; and

WHEREAS, this request will correct and replace a previous City Council request to increase appropriation 20627, in the amount of \$28,000.00, previously approved July 23, 2019; and

WHEREAS, this request has been approved by the Law Department; and

WHEREAS, this request has been approved by the Office of Budget; now

THEREFORE, BE IT RESOLVED that the Director or Head of the Department is authorized to execute the modified grant agreement on behalf of the City of Detroit, and

BE IT FURTHER RESOLVED, that the Budget Director is authorized to increase the budget accordingly for appropriation number 20646, in the amount of \$28,000.00, for the FY 2019 Local Health Opioid Response Grant.

RE: Opioid Grant - Immediate Response Needed

Whitmire, Janine (DHHS-Contractor) <WhitmireJ@michigan.gov>

Thu 6/27/2019 10:49 AM

To: David Yeh <yehd@detroitmi.gov>

Cc: Adaora Ezike <ezikea@detroitmi.gov>; Kanzoni Asabigi <asabigik@detroitmi.gov>; Valentina Djelaj <DjelajV@detroitmi.gov>; Jean Ingersoll <Ingersollj@detroitmi.gov>

Good Morning –

We are pleased to announce that you have been granted an additional \$28,000 for the Local Health Opioid grant. This brings your total to \$68,000. We are in the process of applying for an extension. When we have a decision on the extension we will let all grantees know.

Please let me know if you have any questions.

Thank you.

Janine Whitmire
Operations Analyst
Office of Local Health Services
Michigan Department of Health and Human Services
517-284-4027

From: David Yeh <yehd@detroitmi.gov>

Sent: Wednesday, June 12, 2019 4:59 PM

To: Whitmire, Janine (DHHS-Contractor) <WhitmireJ@michigan.gov>

Cc: Adaora Ezike <ezikea@detroitmi.gov>; Kanzoni Asabigi <asabigik@detroitmi.gov>; Valentina Djelaj <DjelajV@detroitmi.gov>; Jean Ingersoll <Ingersollj@detroitmi.gov>

Subject: RE: Opioid Grant - Immediate Response Needed

Dear Ms. Whitmire,

Thank you for reaching out to our Health Officer with the opportunity below. On behalf of the Detroit Health Department, I would like to submit a request for \$28,000 to:

1. Expand academic detailing and public awareness of opioid misuse and Michigan's Naloxone Standing Order
2. Host a Continuing Education event to increase clinician awareness of opioid misuse and prescribing practices, and train them on overdose response and Naloxone administration

We're grateful for this opportunity. Please do not hesitate to reach out should you need any additional details for this request.

Best,

Dave

--

Dave Yeh
Director of Special Projects

City of Detroit

From: Timothy Lawther
Sent: Thursday, June 27, 2019 2:37 PM
To: Valentina Djelaj; Adaora Ezike; Kanzoni Asabigi; Angelique Rodriguez
Subject: Fwd: FY19 Opioid Grant

FYI

Get [Outlook for Android](#)

From: Whitmire, Janine (DHHS-Contractor) <WhitmireJ@michigan.gov>
Sent: Thursday, June 27, 2019 2:36:07 PM
To: Eric Pessell; Jean Ingersoll; Valentina Djelaj; Martha Hall (mhall@hline.org); Bill Ridella; Kim Comerzan (Kim_comerzan@monroemi.org); Kathy Herman-Moore (mooreka@co.muskegon.mi.us); Annette Mercatante; Joel Strasz (jstrasz@baycounty.net); Denise Bryant
Cc: Brigitte Reichenbaugh; kwatson@calhouncountymi.gov; Timothy Lawther; mhunt@hline.org; patrick.detine@macombgov.org; Jamie Dean; bramerna@co.muskegon.mi.us; Brown, Greg; Hart, Amy; pickellm@baycounty.net; Timothy LeForce; Todd, Orlando (DHHS); de la Rambelje, Laura (DHHS)
Subject: FY19 Opioid Grant

Good Afternoon Health Officers and Financial Administrators –

This is to inform you that the Local Health Opioid Response grant has been approved to end on November 30, 2019. The original end date of the grant was August 31st. This extension is giving you an additional 90 days to spend the money you received.

We will contact you with further details on how this will look in Egrams.

If you have any questions please let me know.

Janine Whitmire
Operations Analyst
Office of Local Health Services
Michigan Department of Health and Human Services
517-284-4027

Detailed Budget - Amendment to MDHHS LHOR Grant

7/10/2019

Expense Category	Total Cost	Notes
Continuing Education Event		
Venue/Food	\$ 6,000	Continuing Education event space and food
CE Credit	\$ 2,400	200 Continuing Education Credits at \$12/Clinician
Total CE Event Cost	\$ 8,400	
Academic Detailing		
Academic Detailing (Contracted Services)	\$ 9,467	Fees for registered pharmacists and pharmacy students to conduct outreach to community pharmacists to register under MDHHS Standing Order
Community Access Point Materials	\$ 8,000	Displays, brochures, pamphlets, stickers, signage, kits, etc. to put in community pharmacies per MDHHS Standing Order
Total Academic Detailing Cost	\$ 17,467	
Subtotal	\$ 25,867	
SEMHA Fee (5% of Direct Costs)	\$ 1,293	Standard fee charged by 501(c)(3) fiscal agent on all funds administered
City Fee (3% of Total Award)	\$ 840	Standard City of Detroit charge on grant funds received
Total Award	\$ 28,000	

**DETROIT HEALTH DEPARTMENT
PROGRAM BUDGET - COST DETAIL**

Attachment B.2
Page 2 of 2

- Use WHOLE DOLLARS Only

Program Epidemiology and Lab Capacity		BUDGET PERIOD		Date Prepared 7/25/2019
		From:	To:	
Local Agency Southeastern Michigan Health Association		ORIGINAL BUDGET X	AMENDED BUDGET	AMENDMENT NUMBER
1. SALARIES & WAGES: POSITION DESCRIPTION - EMPLOYEE		POSITIONS REQUIRED (FTEs)	ANNUAL SALARY	MONTHS ON BUDGET
				BUDGET SALARY
				-
				-
				-
TOTAL FTEs		0.00	1. TOTAL SALARIES	
			0	
2. FRINGE BENEFITS: (Specify)				Composite Rate
<input checked="" type="checkbox"/> FICA		<input checked="" type="checkbox"/> HOSPITAL		41.00%
<input checked="" type="checkbox"/> UNEMPLOYMENT		<input checked="" type="checkbox"/> TERM LIFE		
<input checked="" type="checkbox"/> RETIREMENT		<input checked="" type="checkbox"/> DENTAL		
		<input type="checkbox"/> VISION		
		<input type="checkbox"/> HEARING		
		<input checked="" type="checkbox"/> WORKERS		
		<input type="checkbox"/> OTHER		
		2. TOTAL FRINGE BENEFITS:		0
3. TRAVEL: (Specify if any item exceeds 10% of Total Expenditures)		Amount		
		3. TOTAL TRAVEL:		0
4. SUPPLIES & MATERIALS: (Specify if any item exceeds 10% of Total Expenditures)		Amount		
Tableau licenses (2@ \$1200 each)		2,400		
Office supplies		82		0
		4. TOTAL SUPPLIES & MATERIALS:		2,482
5. CONTRACTUAL: (Subcontracts)		Name		Address
				Amount
		5. TOTAL CONTRACTUAL:		0
6. EQUIPMENT: (Specify)		Amount		
Headsets	5 headsets for CD staff @ \$128.14/each	641		
Monitor	2 monitors @ \$139/each	\$ 278		
Workstation bundle	2 @ \$1446.23/each	\$ 2,892		
Cell phone	2 @ \$600/each	1,200		
Microsoft Surface Pro 12.3				
Tablet	8 @ \$1195.85/each	\$ 9,567		
Case	Kensington BlackBelt 2nd Degree Rugged Case for Surface Pro 4			
	8 @ \$43.02/each	\$ 344		
Data/device security	Absolute Data & Device Security Mobile Premium (8@ \$64.16)	\$ 513		
Docking station	Microsoft surface docking station (4@ \$150.24)	\$ 601		
		6. TOTAL EQUIPMENT:		16,036
7. OTHER EXPENSES: (Specify if any item exceeds 10% of Total Expenditures)		Amount		
Others (explain):				
		7. TOTAL OTHER EXPENSES:		0
8. TOTAL DIRECT EXPENDITURES: (Sum of Totals 1-7)				18,518
9. INDIRECT COST CALCULATIONS:		Amount		
Rate #1	SEMHA BASE \$ 18,518 x rate 5.0% =	926		
Rate #2	CoD BASE \$ 18,518 x rate 3.0% =	556		
		9. TOTAL INDIRECT EXPENDITURES:		1,481
10. TOTAL ALL EXPENDITURES: (Sum of lines 8-9)				20,000
AUTHORITY: P.A. 368 of 1978		The Department of Community Health is an equal opportunity employer, services and programs provider.		
COMPLETION: Is Voluntary, but is required as a condition of funding		Use Additional Sheets as Needed		
DCH-0386(E) (Rev 9-04) (EXCEL) Previous Edition Obsolete				



CITY OF DETROIT
OFFICE OF THE CHIEF FINANCIAL OFFICER
OFFICE OF DEVELOPMENT AND GRANTS

COLEMAN A. YOUNG MUNICIPAL CENTER
2 WOODWARD AVENUE, SUITE 1026
DETROIT, MICHIGAN 48226
PHONE: 313 • 628-2158
FAX: 313 • 224 • 0542
WWW.DETROITMI.GOV

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August 2, 2019

The Honorable Detroit City Council
ATTN: City Clerk Office
200 Coleman A. Young Municipal Center
Detroit MI 48226

**RE: The Detroit Public Safety Foundation request to accept a grant to support
The Sisterhood: No Boundaries Program**

The Ralph C. Wilson, Jr. Foundation has awarded the Detroit Public Safety Foundation with a grant for a total of \$183,627.00. There is no match requirement for this grant.

The objective of the grant is to support The Sisterhood: No Boundaries Program. The funding allotted to the department will be utilized to provide a Sisterhood Mentoring Program to Detroit Public High Schools that are designated for programmatic outreach by the Detroit Youth Violence Prevention Initiative.

I respectfully ask your approval to accept and appropriate funding in accordance with the attached resolution.

Sincerely,

Ryan Friedrichs
Director, Office of Development and Grants

CC:
Katerli Bounds, Deputy Director, Grants
Sajjiah Parker, Assistant Director, Grants

This request has been approved by the Law Department

ENTERED SEP 9 2019 M. T. F. under NB (JA) 3-0

RESOLUTION

Council Member_____

WHEREAS, the Detroit Public Safety Foundation is requesting to accept a grant from the Ralph C. Wilson, Jr. Foundation, in the amount of \$183,627.00, to support The Sisterhood: No Boundaries Program; and

WHEREAS, this request has been approved by the Law Department; now

THEREFORE, BE IT RESOLVED, the Detroit Public Safety Foundation is hereby authorized to accept a grant, in the amount of \$183,627.00, from the Ralph C. Wilson, Jr. Foundation



RALPH C. WILSON, JR.

6000 Woodchase Drive, Suite 1000
Beverly Hills, CA 90210

August 1, 2019

Patti Kukula
Executive Director
Detroit Public Safety Foundation
1301 Third Street, Suite 547
Detroit, Michigan 48226

Subject: RG-1808-06082 - The Sisterhood: No Boundaries

Dear Patti:

On behalf of The Ralph C. Wilson, Jr. Foundation, I am pleased to inform you that a grant of \$183,627 has been approved to the Detroit Public Safety Foundation (the "Grantee") solely for the grant purposes ("Grant Purpose") described below.

Grant Conditions

1. The Grant will be used only for operational support for the Sisterhood: No Boundaries program. Funds will be expended in accordance with this Grant Agreement and in a manner consistent with the budgets included in the application submitted by Grantee and will not be expended for any purpose other than the Grant Purpose without the Foundation's prior written approval.
2. This grant is contingent upon the following conditions: No contingencies set.
3. The Grantee represents to the best of its knowledge that no goods or services have been or will be provided to the Foundation or any of the Foundation's Trustees or officers or their family members in connection with the Grant.

Grantee's Certifications

Grantee certifies that

1. as to its tax status, Grantee:
 - a. is a tax-exempt organization as described in Section 501(c)(3) of the Internal Revenue Code of 1986 (the "**Code**") or a governmental entity or political subdivision of the State of (Michigan);
 - b. has received an IRS determination letter that qualifies it as a public charity under Section 509(a)(1) or (2) of the Code, or Section 509(a)(3) of the Code as a supporting organization (supporting organizations are required to complete and submit the Supporting Organization Attachment);

- c. has not had notice of a change of its non-private foundation status published by the IRS nor received notice from the IRS that it will be deleted from such status;
 - d. has not, since the date of its determination letter, to the best of its knowledge and belief, changed its basic purposes or the manner of conducting its affairs in any way that might affect the continuation of its tax-exempt or non-private foundation status; and
 - e. knows of no basis on which the organization could be considered to be controlled directly or indirectly by the Foundation.
- 2. grant funds received from the Foundation shall not be used:
 - a. to influence the outcome of any specific public election, or carry on, directly or indirectly, any voter registration drive (within the meaning of Section 4945(d)(2) of the Code); or
 - b. for any purposes other than charitable, scientific, literary, educational, or other purposes described in Section 170(c)(2)(B) of the Code.
- 3. If the Grantee carries on propaganda, or otherwise attempts to influence legislation (within the meaning of Section 4945(d)(1) of the Code), then either:
 - a. the grant of funds received from the Foundation is a general support grant which has not been earmarked to be used in an attempt to influence legislation; or
 - b. the grant of funds received from the Foundation is a specific project grant (a) which grant has not been earmarked to be used in an attempt to influence legislation and (b) which grant, together with other grants by the Foundation for the same project for the same year, does not exceed the amount budgeted, for the year of the grant, by the Grantee for activities of the project that are not attempts to influence legislation.

Payment and Term

- 1. Following receipt of this fully executed Agreement and approval of all necessary documentation, payment of this grant will be made as soon as practicable.
- 2. The term of this grant is from August 02, 2019 to August 31, 2022. Any funds not expended during this period must be promptly returned to the Foundation unless an extension of the grant period has been approved.
- 3. If there is a contingency, payment of this grant shall be made within thirty days of the Foundation's receipt of evidence of the contingency having been met by the Grantee.

Payment Amount	Payment Due Date
\$ 88,482	08/15/2019
\$ 61,208	07/30/2020
\$ 33,937	07/30/2021

Reporting

1. Reports shall be due to the Foundation as outlined in the schedule below. Please notify the Foundation if the report deadline cannot be met and request an extension.
2. The written report shall include (i) a narrative that provides a detailed description of the activities related to the Grant and their progress relative to their completion as described in the Grant Proposal, for each year, (ii) a summary of the expenditures paid from the Grant to date, (iii) the Grantee's audited Financial Statements and (iv) any changes to the elements of the original Grant Purpose as reflected in the Grant Application.
3. This grant has been assigned the number RG-1808-06082. Please include this number in all future correspondence and reports concerning this grant.
4. The Grantee agrees to maintain and at the request of the Foundation, to make available to the Foundation, books and records adequate to verify actions related to this grant.

All reports and other notices required to be provided under this Grant Agreement must be uploaded directly to the Fluxx portal at <https://ralphcwilsonjrfoundation.fluxx.io>, according to the reporting schedule below.

Report Type	Report Due Date
Interim Report	07/01/2020
Interim Report	07/01/2021
Final Report	09/01/2022

Additional Terms and Conditions

1. The Grantee will request in writing and receive advance approval from the Foundation for:
 - a. substantive changes to the program's purposes or activities;
 - b. line item changes to the budget which amount to more than 10% of the grant award;
 - c. extensions of the grant period beyond the end of the grant term.
2. The Grantee agrees to Inform the Foundation on a timely basis of any circumstances that could substantially affect the work being supported by the Foundation's grant. Such

circumstances would include, but not be limited to, changes in the Grantee's leadership, project staffing, funding or tax-exempt status.

3. The Grantee hereby indemnifies and saves the Foundation and its trustees, officers and committee members harmless from and against all liabilities and expenses (including reasonable attorneys' fees) resulting from (i) the engagement, by employment or as an independent contractor, of personnel, including, without limitation, employment taxes and workers compensation and discrimination claims; and (ii) any injury to persons or property arising in connection with the pursuit of the Grant Purpose.
4. The Foundation may terminate this agreement or withhold payments, or both, if the Grantee becomes unable to carry out the purposes of the grant, ceases to be an appropriate means of accomplishing the purposes of the grant, or fails to meet the terms and conditions of this Agreement. If termination or withholding of payment is being considered by the Foundation, the Grantee will be notified of the non-compliance issues and will have a specified period of time to remediate the non-compliance issues cited by the Foundation. Successful remediation will be determined in the sole discretion of the Foundation.
5. Patriot Act Compliance: Grantee certifies that Foundation funds will be used in compliance with all applicable anti-terrorist financing and asset control laws, regulations, rules and executive orders, including but not limited to, the USA Patriot Act of 2001, as amended, and Executive Order No. 13224, as amended. Furthermore, Grantee agrees to ensure that any Foundation funds, either directly or through a subgrant, will not be disbursed to any organization or individual listed on the United States Government's Terrorist Exclusion List or the Office of Foreign Assets Control (OFAC) Specially Designated Nationals & Blocked Persons List. In addition, Grantee takes reasonable steps to ensure that its board, staff, subgrantees and volunteers have no dealings whatsoever with known terrorists or terrorist organizations.
6. This Grant Agreement will constitute the full understanding between the parties and will be governed by, and construed in accordance with, the laws of the State of Michigan.

Communication

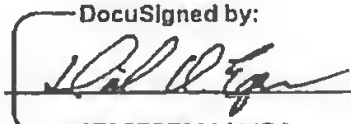
1. The Foundation and Grantee agree that all public acknowledgement of the Grant will be credited as follows: "Ralph C. Willson, Jr. Foundation".
2. The Grantee shall obtain advanced written approval of the text of any written public statement on the Grant, press release or other announcement or recognition that references the Grantee and Foundation, it being understood that listing the Grant among other general donor listings shall not require advanced written approval.

To show Detroit Public Safety Foundation's acceptance of the terms and conditions of this Agreement, please sign below and return this letter to the Foundation. The grant payment(s), as outlined above, will be forwarded to Detroit Public Safety Foundation promptly after receiving your signed agreement.

The Ralph C. Wilson, Jr. Foundation is enthusiastic about supporting Detroit Public Safety Foundation. You have our best wishes for continued success in your endeavors.

Sincerely,

DocuSigned by:



9F2C78F623414D6...

David O. Egner

President and CEO

Ralph C. Wilson, Jr. Foundation

AGREED TO AND ACCEPTED BY Detroit Public Safety Foundation:

By:

DocuSigned by:



7D0650F2248845D

Title:

Executive Director

Date:

8/1/2019